

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G53642**

1. Entity Name

S.L. MILLER & CO., INC.

Principal Place of Business

**707 GULF STREAM AVE S APT 705
SARASOTA FL 34236
US**

Mailing Address

**707 GULF STREAM AVE S APT 705
SARASOTA FL 34236
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3334

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FL

Zip

Country

Zip

Country

34236-3334

SARASOTA

4. FEI Number

06-0776058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, STANLEY
707 GULF STREAM AVE S APT 705
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **MILLER, STANLEY**
Street Address (P.O. Box Number is Not Acceptable) **730 S. GOLF AVE, APT 503**
City **SARASOTA** FL Zip Code **34236**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Stanley L. Miller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

08/06/01

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MILLER, STANLEY L	
STREET ADDRESS	707 GULF STREAM AVE S APT 705	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	MILLER, WILLIAM E	
STREET ADDRESS	707 GULF STREAM AVE S APT 705	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, JOHN A	
STREET ADDRESS	707 GULF STREAM AVE S APT 705	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000004687800--5	
STREET ADDRESS	-11/19/01--01073--027	
CITY-ST-ZIP	***400.00 ***400.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stanley L. Miller*

SIGNATURE REQUIRED

08/06/01 (91) 365-2134

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



4/26/01 90080 013-1500
DO NOT WRITE IN THIS SPACE

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