

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90168 020 ***150.00

DOCUMENT # G53642
 1. Entity Name
S.L. MILLER & CO., INC. **Certified Mail #**
7001 1940 0006 5532 1325

Principal Place of Business Mailing Address
707 GULF STRAM AVE S APT 705 **P.O. BOX 3334**
SARASOTA FL 34236 **SARASOTA FL 34230-3334**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **06-0776056** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MILLER, STANLEY
730 S. OSPREY AVE., APT. 503
SARASOTA FL 34236

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *X Stanley L. Miller* **4-9-2002**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input checked="" type="checkbox"/> Delete	TITLE	PSTD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, STANLEY L		NAME	Miller, Stanley L.	
STREET ADDRESS	707 GULF STREAM AVE S APT 705		STREET ADDRESS	730 S. Osprey Ave. Apt 503	
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	DAS	<input checked="" type="checkbox"/> Delete	TITLE	DAS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, WILLIAM E		NAME	Miller, William E.	
STREET ADDRESS	707 GULF STREAM AVE S APT 705		STREET ADDRESS	730 S. Osprey Ave., Apt 503	
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D.	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, JOHN A		NAME	Miller, John A.	
STREET ADDRESS	707 GULF STREAM AVE S APT 705		STREET ADDRESS	730 S. Osprey Ave., Apt 503.	
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP	Sarasota FL 34236	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *X Stanley L. Miller* **REQUIRED President** **4-9-2002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)