2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G53642

1. Entity Name
S.L. MILLER & CO., INC.

80111146

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
MILLER, STANLEY 730 S. OSPREY AVE., APT. 503 SARASOTA, FL 34236	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _Stanley L. Miller_   5/1/03

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILLER, STANLEY L		NAME	
STREET ADDRESS	730 S. OSPREY AVENUE -APT.#503		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	

TITLE	DAS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILLER, WILLIAM E		NAME	
STREET ADDRESS	730 S. OSPREY AVENUE -APT.#503		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	

TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILLER, JOHN A		NAME	
STREET ADDRESS	730 S. OSPREY AVENUE - APT.#503		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	

TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY-ST-ZIP	

TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _Stanley L. Miller_   5/1/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #