

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90015 043 ***150.00

DOCUMENT # H17815

1. Corporation Name

BRIAN Y. MILLER, P.A.



Principal Place of Business
**1950 LANDINGS BLVD
SUITE 109
SARASOTA FL 34231**

Mailing Address
**1950 LANDINGS BLVD
SUITE 109
SARASOTA FL 34231**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1984

4. FEI Number

59-2440716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2477 Stickney Point Rd

2a. Mailing Address

26 2477 Stickney Point Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 107B

27 Suite 107B

City & State

City & State

23 Sarasota, FL

28 Sarasota, FL

Zip Country

Zip Country

24 34231

25

29 34231

30

9. Name and Address of Current Registered Agent

**MILLER, BRIAN Y.
1950 LANDINGS BLVD
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 2477 Stickney Point Road, #107B

84 City
Sarasota

FL 85 Zip Code
34231

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE
NAME **MILLER, BRIAN Y.**
STREET ADDRESS **1950 LANDINGS BLVD**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE
NAME **MILLER, BRIAN Y.**
STREET ADDRESS **1950 LANDINGS BLVD**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2477 Stickney Point Road, #107B**
1.4 CITY-ST-ZIP **Sarasota, FL 34231**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **2477 Stickney Point Road, #107B**
2.4 CITY-ST-ZIP **Sarasota, FL 34231**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/99 946-923-3453

CR2E034 (11/98)