May 05, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

H39130

DOCUMENT #

1. Entity Name MIKE MILLER REALTY, INC.



05-05-2003 90380 032 ***150.00

Principal Place of Business 4851 GOLDEN GATE PARKWAY

Mailing Address
4851 GOLDEN GATE PARKWAY

NAPLES FL 34116

NAPLES FL 34116

| 2. Principal P | | igenbilt Bo | lpl. | | 418 14186 11888 1 | 1111 9811 9591 | | in bron sú | | | | | | |
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| Suite, Apt. | #, etc. | Suite, Ap | Suite, Apt. #, etc. Ure 570 | | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | | |
| City & State 14901.03 Fa- | | | 1 . | City & State NAPIS FL | | | | 4. FEI No | umber 59 | 2572666 | } | | | plied For t Applicable |
| Zip 2/12 | 9 | Country 45 A | Zip 34/ | Zip Count 34109 U- | | | | 5. Certificate of Status Desired | | | | | | |
| | | | 7. Name and Address of New Registered Agent | | | | | | | | | | | |
| ~ -MILLER, N | | Name | | | | | | | | | | | | |
| 4851-GOL | DEN GATE | PKWY 2464 (| 27 | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | |
| NAPLES F | | - I wholes | 7 | | | | | | | | | | | |
| 11142 201 | 2011 | K College | | | | | | | | | | | | |
| | | City FL Zip Code | | | | | | | , | | | | | |
| 8 The above | named entit | | A PINE IL | d office o | registero | d agent o | r both in th | na State of El | | | ar with | and accept | | |
| 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 | | | | | | | | | | | | | | |
| | Signature, typed | or printed name of registered ager | at and title if applicable. | (NOTE | : Registered | Agent signate | nte tednited w | vhen reinstatin | g) | | DATE | : | | |
| F | ILE NOW!! | ! FEE IS \$150.00 | | | | | | ١, | Flooties (| Campaign Fi | | | ΦΕ Δ | |
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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.

Michael Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-596-0200