

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90129 014 ***150.00

DOCUMENT # J64326

1. Entity Name
CARL L. MILLER ELECTRIC, INC.



Principal Place of Business
% JOHN CHARLES HEekin
21202 OLEAN BLVD. SUITE C-2
PORT CHARLOTTE FL 33952-6725

Mailing Address
% JOHN CHARLES HEekin
21202 OLEAN BLVD. SUITE C-2
PORT CHARLOTTE FL 33952-6725



2. Principal Place of Business
23380 Janice Ave.

3. Mailing Address
23380 Janice Ave.

Suite, Apt. #, etc.
Unit 3B

Suite, Apt. #, etc.
Unit 3B

☐ CHECK HERE IF MAKING CHANGES

City & State
Port Charlotte, Fl

City & State
Port Charlotte, Fl

4. FEI Number
59-2790178

Applied For
☐ Not Applicable

Zip
33980

Country
Charlotte

Zip
33980

Country
Charlotte

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

6. Name and Address of Current Registered Agent

HEEKIN, JOHN CHARLES
21202 OLEAN BLVD
SUITE C-2
PORT CHARLOTTE FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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

TITLE **P** ☐ Delete
NAME **MILROY, MICHAEL J**
STREET ADDRESS **20021 BEHAN CT**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *MICHAEL J. MILROY* **MICHAEL J. MILROY** 1/16/03 (941) 743-0986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)