

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K97083**

1. Entity Name

**MILLER'S PLUMBING SYSTEMS, INC.****FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90083 027 \*\*\*158.75

**C0040575**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 956 N. COCOA BLVD SUITE 1119 COCOA FL 32922		Mailing Address 208 GRANDFATHER CR BANNER ELK NC 28604	
2. Principal Place of Business		3. Mailing Address 10679-107 Hwy 105	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Banner Elk, N.C.	
City & State		City & State 28604	
Zip	Country	Zip	Country
4. FEI Number 59-2954860		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MILLER, JOHN F., JR. 956 N. COCOA BLVD SUITE 1119 COCOA FL 32922		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JOHN F., JR. 208 GRANDFATHER CR GRANDFATHER NC 28604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ELLISA 208 GRANDFATHER CR GRANDFATHER NC 28604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>John F. Miller Jr</i> John F. Miller Jr		3-28-01 828-943-4231	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/00)