

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

DOCUMENT # K97083

1. Entity Name
MILLER'S PLUMBING SYSTEMS, INC.

02-27-2002 90016 013 ***158.75

Principal Place of Business
956 N. COCOA BLVD
SUITE 1119
COCOA FL 32922

Mailing Address
10679 - 107 HWY 105
BANNER ELK NC 28604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc
625 Brevard Ave

3. Mailing Address
 Suite, Apt. #, etc

City & State
Cocoa FL

City & State

4. FET Number
59-2954860

Applied For
 Not Applicable

Zip
32922

Country
Brevard

Zip

Country

5. Certificate of Status Desired **\$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 **Miller, John F. Jr**
 Street Address (P.O. Box Numbers Not Acceptable)
635 Brevard Ave
 City **Cocoa** **FL** Zip Code **32922**

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 **John F. Miller Jr** **J.F. Miller** **2-14-02**
Signature (typed or printed name of registered agent and the applicable (b)(7)(E) Registered Agent is printed next to the signature) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW **FEES \$150.00**
After May 1, 2002, fees will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution **\$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	<input type="checkbox"/> Delete
D	MILLER, JOHN F., JR.	208 GRANDFATHER CR	GRANDFATHER NC 28604	<input type="checkbox"/>
D	MILLER, ELLISA	208 GRANDFATHER CR	GRANDFATHER NC 28604	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		166 Rosebay Way	Banner Elk NC 28604	<input type="checkbox"/>	<input type="checkbox"/>
		166 Rosebay Way	Banner Elk NC 28604	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption on stated in Section 119.07(3)(f), 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: **John F. Miller Jr** **John F. Miller Jr** **2-14-02** **828-963-4231**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

98363393

CFR2E034 (9/01)