

# 2000 UNIFORM BUSINESS REPORT (UBR)

10

DOCUMENT # **L98000000296**

1. Entity Name  
**HAROLD O. MILLER ATTORNEY, L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN -9 PM 1:21

|  |   |
|--|---|
| Principal Place of Business<br>7350 SOUTH TAMiami TRAIL<br>STE. 210<br>SARASOTA FL 34231 | Mailing Address<br>7350 SOUTH TAMiami TRAIL<br>STE. 210<br>SARASOTA FL 34231-7000 |
|--|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                  |                          |                                       |
|----------------------------------|--------------------------|---------------------------------------|
| 4. FEI Number                    | <b>APPLIED FOR</b>       | Applied For                           |
|                                  |                          | Not Applicable                        |
| 5. Certificate of Status Desired | <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

**MILLER, HAROLD O**  
7350 SOUTH TAMiami TRAIL  
STE. 210  
SARASOTA FL 34231

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MEM <i>mcgm</i></b><br><b>MILLER, HAROLD O</b><br>7350 SOUTH TAMiami TRAIL, STE. 210<br>SARASOTA FL 34231 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete |

10. ADDITIONS / CHANGES

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| <p><b>100003300331 --9</b><br/><b>-06/22/00--01012--006</b><br/><b>*****50.00 *****50.00</b></p> |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **QUIRE Managing Member** 12/02/2000 (941) 9663964  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

Form **SS-4**

# Application for Employer Identification Number

(Rev. February 1998)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.

|   |  |
|---|--|
| 1 Name of applicant (legal name) (see instructions)<br><b>HAROLD O. MILLER ATTORNEY, L.C.</b>   |  |
| 2 Trade name of business (if different from name on line 1)   | 3 Executor, trustee, "care of" name                                |
| 4a Mailing address (street address) (room, apt., or suite no.)<br><b>7350 S. TAMiami TR, #210</b>   | 5a Business address (if different from address on lines 4a and 4b) |
| 4b City, state, and ZIP code<br><b>SARASOTA, FL</b>   | 5b City, state, and ZIP code                                       |
| 6 County and state where principal business is located<br><b>SARASOTA, FL</b>   |  |
| 7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <b>171-28-5044</b><br><b>HAROLD O. MILLER</b> |  |

8a Type of entity (Check only one box.) (see instructions)  
**Caution: If applicant is a limited liability company, see the instructions for line 8a.**

|   |  |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN)                    | <input type="checkbox"/> Estate (SSN of decedent)    |
| <input checked="" type="checkbox"/> Partnership                   | <input type="checkbox"/> Personal service corp.      |
| <input type="checkbox"/> REMIC                                    | <input type="checkbox"/> National Guard              |
| <input type="checkbox"/> State/local government                   | <input type="checkbox"/> Farmers' cooperative        |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Trust                       |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other (specify) ►                        | (enter GEN if applicable)                            |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

|       |                 |
|-------|-----------------|
| State | Foreign country |
|-------|-----------------|

9 Reason for applying (Check only one box.) (see instructions)

|   |  |
|---|--|
| <input checked="" type="checkbox"/> Started new business (specify type) ► | <input type="checkbox"/> Banking purpose (specify purpose) ►               |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ► |
| <input type="checkbox"/> Created a pension plan (specify type) ►          | <input type="checkbox"/> Purchased going business                          |
|   | <input type="checkbox"/> Created a trust (specify type) ►                  |
|   | <input type="checkbox"/> Other (specify) ►                                 |

10 Date business started or acquired (month, day, year) (see instructions)  
**1-99-4/1999**

11 Closing month of accounting year (see instructions)  
**DEC.**

12 First date wages or annuities were paid or will be paid (month, day, year). **Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)** . . . . . ► **NONE**

13 Highest number of employees expected in the next 12 months. **Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)** . . . . . ►

|                 |              |           |
|-----------------|--------------|-----------|
| Nonagricultural | Agricultural | Household |
| <b>7-</b>       |              |           |

14 Principal activity (see instructions) ► **CONSULTING**

15 Is the principal business activity manufacturing? . . . . .  Yes  No  
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

|  |  |   |                              |
|--|--|---|------------------------------|
| <input type="checkbox"/> Public (retail) | <input type="checkbox"/> Other (specify) ► | <input type="checkbox"/> Business (wholesale) | <input type="checkbox"/> N/A |
|--|--|---|------------------------------|

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . .  Yes  No  
**Note: If "Yes," please complete lines 17b and 17c.**

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

|              |              |
|--------------|--------------|
| Legal name ► | Trade name ► |
|--------------|--------------|

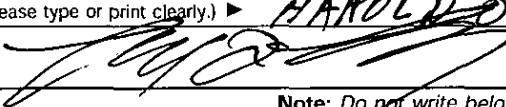
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

|  |                            |              |
|--|----------------------------|--------------|
| Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN |
|--|----------------------------|--------------|

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► **HAROLD O. MILLER, MNG. MEMBER**

Business telephone number (include area code) **941 966 0603**  
Fax telephone number (include area code) **941 966 0603**

Signature ►  Date ►

**Note: Do not write below this line. For official use only.**

|                      |      |      |       |      |                     |
|----------------------|------|------|-------|------|---------------------|
| Please leave blank ► | Geo. | Ind. | Class | Size | Reason for applying |
|----------------------|------|------|-------|------|---------------------|