FILED

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1. Entity Nam	MENT # MILES, P.A.	M73597				Secretary 03-31-2003 9029	y of State 92 011 ***150.00	
280 W CANTO SUITE 100 WINTER PARK	(FL 32790		Mailing Address 280 W CANTON AVE. SUITE 100 WINTER PARK FL 32790		17.11			
2. Principal Place of Business SO Lee Road Suite, Apt. #, etc.						CHECK HERE IF MAKING CHANGES 4. FEI Number 50 0000000 Applied For		
Wint 3378	er Park	nae	<u>Dinter Pa</u> 33-78-9	Country Oran	90	S. Certificate of Status Desired	Not Applical \$8.75 Additional Fee Required	
	6. Name and Add	Iress of Current Re	gistered Agent		- P	-7Name and Address of New Register	red Agent	\dashv
				Nar	ne			\Box
DAVIS, J I	ROSS			Stre	at Addrage (F	P.O. Box Number is Not Acceptable)		
280 W CANTON AVE					80111	el Road,		
SUITE 100					5Y			\Box
WINTER PARK FL 32789					71.140	230	■■ I Zio Codo	
				City	Din	α	FL 35789	
8. The above the obligat	ions of registered age	this statement for th nt.	ne purpose of changing	its/registe/ed offi	e or registere	ed agent, or both, in the State of Florida. I	am familiar with, and accept	pt
	Signature, typed or printed na	me of registered agent and t	title if applicable. (N	IOTE Registered Agent	signature required	when reinstating) DA	TE /	
After	ILE NOW!!! FEE I May 1, 2003 Fee w Payable to Florida	ill be \$550.00	tate			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	3
10.	·	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	\dashv
TITLE	PD		☐ Delete	TITLE			Change Additi	ion (
NAME	DAVIS, J ROSS			NAME		ملانات المحمد ما		3
STREET ADORESS	280 W CANTON A	WE SUITE 100		STREET ADDR		1 Lee Road Suite		- 13
CITY-ST-ZIP	WINTER PARK FL			CITY-ST-ZIP	Wir	Her Park, PC 327		;
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NAME	DAVIS, J ROSS 280 W CANTON A	VE CUITE 400		NAME	1 150	11- 80-15-1-	3 m 7	Ì
STREET ADDRESS CITY-ST-ZIP	WINTER PARK FL	WE SUITE 100		STREET ADDR	100	1 Lee Read, Suite. nter Park, PL 32	100 100	1
	7		- T putus 5			nter rure per oo	Channa Daddii	
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NAME				NAME	1			- 1

12. Thereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If 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 of the eclever or trustee expowered be 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 a other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

Addition