## FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 18, 2001 8:00 am Secretary of State DOCUMENT # N9900005217 1. Entity Name 05-18-2001 91559 042 \*\*\*\*61.25 MILLER ECONOMIC DEVELOPMENT, INC. Principal Place of Business Mailing Address 14600 S. Military Trail, Ste F-1 101414 14600 S. Military Trail, Ste F-1 Delray Beach, FL 33484 Delray Beach, FL 33484 2. Principal Place of Bus 4600 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0944265 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MILLER, BENJAMIN F 14600 S. Military Trail, Ste F-1 Delray Beach, FL 33484 City Zip Code Ph: (561) 638-8181 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 # 2 FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE ☐ Addition NAME MILLER, BENJAMIN F NAME STREET ADDRESS 1505 S. CONGRESS AVE. STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33445** CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME MILLER, ASTON D NAME STREET ADDRESS **12964 75TH LANE NORTH** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL 33412 TD ☐ Delete TITLE Change ■ Addition NAME MILLER-JONES, PRISCILLA NAME , ja STREET ADDRESS 5551 SPRING LAKE TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Addition NAME NAME STREET ADDRESS

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 617, 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATUR