FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90208 048 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036118

1. Entity Name
JULIE MILLER, P.A.

Principal Place of Business	Mailing Address
13674 83RD LANE NORTH WEST PALM BEACH, FL 33412	13674 83RD LANE NORTH WEST PALM BEACH, FL 33412

2. Principal Place of Business	3. Mailing Address
332 las Palmas St	332 Las Palmas St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Royal Palm Beach. FL	City & State: Royal Palm Beach - FL
Zip: 33411 Country: Palm Bch	Zip: 33411 Country: Palm Bch

X CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0997278 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JULIE
13674 83RD LANE NORTH
WEST PALM BEACH, FL 33412

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Julie Miller 4-16-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JULIE 13674 83RD LANE NORTH WEST PALM BEACH, FL 33412 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 607, 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.

SIGNATURE: Julie Miller 4-16-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)