

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

Miller Marketing Company

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12610 Henderson Rd

3. Mailing Address

12157 W. Linbaugh Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tampa, FL

#251

City & State

City & State

Tampa FL

Zip

Country

Zip

Country

33625

US

33626

US

REINSTATEMENT 01-02

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3435773

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Linnæ Miller

Street Address (P.O. Box Number is Not Acceptable)

12160 Henderson Rd

City

Tampa

FL

Zip Code

33625

**DO NOT WRITE
IN THIS SPACE**

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

Linnæ Miller

4/26/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V P S T

Linnæ Miller

12157 West Linbaugh

#251

Tampa FL 33626

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

700005554157--0

-05/16/02--01018--004

****900.00 ****900.00

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linnæ Miller

Date

4/26/02

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B-(12/01)



[Handwritten signature]

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 22, 2002

MILLER MARKETING COMPANY
10405 STIRRUP WAY
TAMPA, FL 33626

SUBJECT: MILLER MARKETING COMPANY
Ref. Number: P00000036562

We have received your document for MILLER MARKETING COMPANY and check(s) totaling \$900.00. However, your check(s) and document are being returned for the following:

PLEASE FILL OUT AND RETURN A REINSATEMENT FORM WITH THE PROPER FEES.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Justin M Shivers
Document Specialist

Letter Number: 602A00023867