2002 UNIFORM BUSINESS REPORT (UBR)

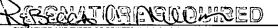
May 06, 2002 8:00 am Secretary of State P00000055104 DOCUMENT # 1. Entity Name 05-06-2002 90071 027 ***150 00 THE LILY MILLER, INC. Principal Place of Business Mailing Address 19011 CEDAR LANE 19011 CEDAR LANE **LUTZ FL 33549** HITZ FL 33549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3673585 Not Applicable Country Zip Zip Country \$8.75 Additional 5. 'Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, DAVID Street Address (P.O. Box Number is Not Acceptable) 19011 CEDAR LANE **LUTZ FL 33549** Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) PCD TITLE ☐ Delete TITLE Change ☐ Addition NAME MILLER, DAVID NAME STREET ADDRESS 19011 CEDAR LANE STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP ☐ Delete TITLE VTD Change ☐ Addition NAME NAME MILLER, REBECCA STREET ADDRESS STREET ADDRESS 19011 CEDAR LANE CITY-ST-ZIP LUTZ FL 33549 CITY-ST-ZIP -TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 12 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



FILED