

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081237

1. Entity Name

FRANK W. MILLER CONSTRUCTION, INC.

Principal Place of Business

7095 W PRICE BLVD
NORTH PORT FL 34286

Mailing Address

7095 W PRICE BLVD
NORTH PORT FL 34286

2. Principal Place of Business

Construction (Residential)

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1036541

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, E. JOHN
1819 MAIN ST, STE 610
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Frank W. Miller

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

7095 W Price Blvd
North Port FL 34286

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

Frank W. Miller FRANK W. MILLER

4-23-01

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	MILLER, FRANK W	
STREET ADDRESS	7095 W PRICE BLVD	
CITY-STATE-ZIP	NORTH PORT FL 34286	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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.

Frank W. Miller Frank W. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

941 492 8432
Date Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90041 050 ***150.00

104401



DO NOT WRITE IN THIS SPACE