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DOCUMENT #	P0100006843

1. Entity Name

MILLER & ELLIS SEAFOOD, INC.

· •	ce of Business ISON AVENUE	Mailing Address 7430 JEFFERSON AVENUE SOUTHPORT FL 32409						
	,	·				N BANK BOKA BULO JAN		
2. Principal F	Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Star	City & State City & State			4	. FEI Number 59-370252	· >	pplied For	
Zip	Country	-Zip	Country ~	5.	Certificate of Status Desired	\$8.75 Ad Fee Require	ditional	
	3-6. Name and Address of Curren	t Registered Agent		7.	Name and Address of New Regist			
ANTER	ÉCOCE A ID		Name					
MILLER, JESSE B JR 7430 JEFFERSON AVENUE SOUTHPORT FL 32409			Street A	Street Address (P.O. Box Number is Not Acceptable)				
300 1111 (7/11 1 L OETOO			<u> </u>				
·	•		City			FL Zip Cod	le	
SIGNATURE _	named entity submits this statement for signature, typed or printed name of registered agents or action is eligible to satisfy its Intangible equirement and elects to do so.	t and title if applicable. (NOTE:	Registered Agent signa	ture required when		DATE SE O		
(See criter	ia on back)	After May 1, 200 Make Check Payable	2 Fee will be \$3 e to Departmen	550.00 It of State	Trust Fund Contribution.		to Fees	
11.	OFFICERS AND		12.		DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. O.	B. Miller, Jr. Box 8437 port, FL 32409	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jason 7341	B. Miller Railroad Avenue	☐ Change	⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JoAnn P. O.	Ellis Box 8563 port, FL 32409	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michae 1028	el H. Ellis Spikes Road Port, FL 32409	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	

13. I hereby certify that the information supplied with this filling 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 the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE:

4/24/02

(850) 265-8629