

2002 UNIFORM BUSINESS REPORT (UBR)

5/22

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-22-2002 90084 045 ***150.00

DOCUMENT # P01000022828

1. Entity Name
GAYLE MILLER PAINTING, INC.

Principal Place of Business
2727 10 AVE
VERO BEACH FL 32960

Mailing Address
2727 10 AVE
VERO BEACH FL 32960

37606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
855 17th AVE
 Suite, Apt. #, etc.

3. Mailing Address
SAME
 Suite, Apt. #, etc.

City & State
VERO BEACH FL

City & State

4. FEI Number
593701999

Applied For
 Not Applicable

Zip
32960

Country
INDIAN RIVER

Zip

Country

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

6. Name and Address of Current Registered Agent

HANCOCK, DAVID L
817 BEACHLAND BLVD
VERO BEACH FL 32963

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **PRES, VPRES, TREAS., SECY** ☐ Delete
 NAME **GAYLE K. MILLER**
 STREET ADDRESS **855 17th AVE**
 CITY-ST-ZIP **VERO BEACH FLA 32960**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-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.

SIGNATURE:

SIGNATURE REQUIRED

4/12/02 **5615599946**
 Date Daytime Phone #

GAYLE K. MILLER

10/27/02

CR2E034 (9/01)