

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90124 008 ***150.00

0114127 AV

DOCUMENT # P01000024061

1. Entity Name
PATRICIA K. MILLER P.A.



Principal Place of Business
**39650 US 19 NORTH #331
TARPON SPRINGS FL 34689**

Mailing Address
**39650 US 19 NORTH #331
TARPON SPRINGS FL 34689**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3701813**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MILLER, PATRICIA
39650 US 19 NORTH #331
TARPON SPRINGS FL 34689**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MILLER, PATRICIA K
39650 US 19 NORTH #331
TARPON SPRINGS FL 34689** ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia K. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(227) 944-3481
Date Daytime Phone #

CR2E034 (4/03)

Attachment

90145040
#P01000024061

Richard A. Davis

CERTIFIED PUBLIC ACCOUNTANT, P.A.

July 17, 2003

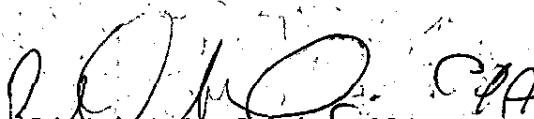
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Sirs:

Please be advised that this is the first notice my client has received. I, therefore, request that the penalty be waived in regard to this matter and have enclosed a check in the amount of \$150.00.

Thank you for your consideration in this matter.

Very truly yours,


Richard A. Davis, CPA