

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90357 026 ***150.00

DOCUMENT # P01000036563

1. Entity Name
MATTHEW D. MILLER, PROFESSIONAL ASSOCIATION

Principal Place of Business **Mailing Address**
200 SOUTH HARBOR CITY BLVD STE 303 **200 SOUTH HARBOR CITY BLVD STE 303**
MELBOURNE FL 32901 **MELBOURNE FL 32901**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
4915 Riverside Rd **PO Box 410909**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Melbourne FL **Melbourne FL**
Zip **Zip** **Country** **Country**
32935 **32941-0909** **USA**

4. FEI Number **Applied For**
59-3701160 **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
MILLER, MATTHEW D **Name** **Matthew D. Miller**
200 SOUTH HARBOR CITY BLVD STE 303 **Street Address (P.O. Box Number is Not Acceptable)**
MELBOURNE FL 32901 **4915 Riverside Rd**
City **FL** **Zip Code**
Melbourne **32935**

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 **Matthew D. Miller** **4/9/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **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, 2002 Fee will be \$550.00
Make Check Payable to Department of State **10. Election Campaign Financing** **\$5.00 May Be Added to Fees**
 Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MATTHEW D	NAME	
STREET ADDRESS	200 SOUTH HARBOR CITY BLVD STE 303	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Matthew D. Miller** **4/9/02** **(321) 591-8338**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)