FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91435 009 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

PO1000042535

1. Entity Name

J.A. Miller Enterprises,Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
26100 Harbour Vista Circle	26100 Harbour Vista Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: S. Augustine, FL.	City & State: St. Augustine, FL.
Zip: 32080 Country: St. Johns	Zip: 32080 Country: St. Johns

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3716655 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor

City: Miami **FL** Zip Code: 33145

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: _____ 05/01/03

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00**

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President James A. Miller St. Augustine, Fl. 32080	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #