

2002

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0100068977

1. Entity Name

D. Miller & Son, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6935 N.W. Hwy 225-A Suite, Apt. #, etc.		3. Mailing Address	
City & State Ocala FL		City & State	
Zip 34482	Country US	Zip	Country
DO NOT WRITE IN THIS SPACE			
<input type="checkbox"/> Name _____ <input type="checkbox"/> Street Address _____ <input type="checkbox"/> _____ <input type="checkbox"/> City _____			

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90102 006 ***150.00

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

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) <input type="checkbox"/>		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DPST</i> <i>Donna Miller</i> <i>6935 N.W. Hwy 225-A</i> <i>Ocala, FL 34482</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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

SIGNATURE: Donna Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 904-262-7034

Date

Daytime Phone