

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/18/2003-90200-011-\$158.75-\$158.75

DOCUMENT # P01000098040

1. Entity Name  
MILLER INSULATION AND SPECIALITIES, INC.



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY -5 PM 12:08

Principal Place of Business  
3750 CONSUMER ST. UNIT. 4 BAY B  
RIVIERA BEACH FL 33404

Mailing Address  
P.O. BOX 21284  
BRADENTON FL 34204-1284

Change of address

No change

2. Principal Place of Business

1212 53rd Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Mangonia Park, FL

City & State

Bradenton, FL

4. FEI Number 65-1144629

Applied For

Not Applicable

Zip  
33407

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, TIMOTHY I

3203 52ND AVE. DRIVE W. P.O. Box 21284 Delete  
BRADENTON FL 34207 Bradenton, FL 34204-1284

Correct street address....

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

TITLE D  
NAME MILLER, TIMOTHY I  
STREET ADDRESS 3203 52ND AVE. DRIVE W.  
CITY-ST-ZIP BRADENTON FL 34207 ☐ Delete

TITLE D  
NAME MILLER, JOHN  
STREET ADDRESS 11813 SCHREWSBURY LN.  
CITY-ST-ZIP PARRISH, FL 34219 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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:

*Timothy I. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Timothy I. Miller

4-16-2003

941)751-4991

Date

Daytime Phone #

CR2E034 (10/02)