

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

02-28-2002 90040 029 ***150.00

DOCUMENT # P01000110648

1. Entity Name
MILLER CARRIAGE HAUS, INC.

Principal Place of Business
2901 26TH STREET WEST
SUITE 612
BRADENTON FL 34205

Mailing Address
2901 26TH STREET WEST
SUITE 612
BRADENTON FL 34205

2. Principal Place of Business
1247 Beneva Road
 Suite, Apt. #, etc.

3. Mailing Address
1247 Beneva Road
 Suite, Apt. #, etc.

City & State
Sarasota, Florida
 Zip Country

City & State
Sarasota, Florida
 Zip Country

4. FEI Number
65-1155727
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

ZAPATKA, ED
2901 26TH STREET WEST
SUITE 612
BRADENTON FL 34205

Name
Timothy R Miller
 Street Address (P.O. Box Number is Not Acceptable)
3195 Irving St
 City **Sarasota** **FL** Zip Code **34237**

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]*
 Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/12/02**

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
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Timothy R Miller 3195 Irving St Sarasota, FL 34237	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice - President Sarah E Miller 3195 Irving St Sarasota, FL 34237	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2ED34 (9/01)

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 Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/12/02**

Daytime Phone #

Attachment

90330

PO 1000118648

Dear Sirs:

She had filed
in Feb. of this
year & paid our
fee.

Going through some
records we found
this letter.

We didn't know
if you still
need this or not.

If you have another
copy please disregard.

Thanks.

Mrs. Miller