

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-10-2003 90223 014 ***150.00

DOCUMENT # P02000007142

1. Entity Name
GREER-MILLER, INCORPORATED



Principal Place of Business
**12349 VILLAGER CT.
TAMPA FL 33625-6581**

Mailing Address
**P.O. BOX 262438
TAMPA FL 33685-2438**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

4. FEI Number
90-0003239 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GREER-MILLER, MARLA
1407 NANCE AVENUE SOUTH
TAMPA FL 33606**

7. Name and Address of New Registered Agent
Name **GREER-MILLER, MARLA**
Street Address (P.O. Box Number is Not Acceptable)
12349 VILLAGER CT
City **TAMPA** FL Zip Code **33625**

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 *Marla Greer-Miller* **MARLA GREER-MILLER** DATE **2/6/03**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS GREER-MILLER, MARLA 12349 VILLAGER COURT TAMPA FL 33625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Marla Greer-Miller* **MARLA GREER-MILLER** DATE **2/6/03** DAYTIME PHONE # **(813) 908-8151**
(Signature, typed or printed name of signing officer or director)

CR2E034 (10/02)