

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90458 002 \*\*\*150.00

**DOCUMENT # P02000016689**



1. Entity Name  
**MILLER STAFFING SERVICES, INC.**

Principal Place of Business  
**9150 W. LAKE RUDY DR.  
WINTER HAVEN FL 33884**

Mailing Address  
**9150 W. LAKE RUDY DR.  
WINTER HAVEN FL 33884**

**11002299**



2. Principal Place of Business

**2000 East Edgewood Dr.**

3. Mailing Address

Suite, Apt. #, etc.

**STE 101**

Suite, Apt. #, etc.

City & State

**LAKELAND, FL.**

City & State

4. FEI Number

**03-0387902**

Applied For

Not Applicable

Zip

**33803**

Country

**POLK**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, LARRY L  
9150 W. LAKE RUDY DR.  
WINTER HAVEN FL 33884**

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 is this state 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 registration.

SIGNATURE

Signature, typed or printed name, and address 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** ☐ Delete  
NAME **MILLER, LARRY L**  
STREET ADDRESS **9150 W. LAKE RUDY DR.**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **D** ☐ Delete  
NAME **MILLER, DAVID M**  
STREET ADDRESS **1100 OAKBRIDGE PKWY., APT. 89**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

**LARRY L MILLER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/03 (863) 324-3022**  
Date Daytime Phone #

CR2E034 (10/02)