

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90057 022 ***150.00

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DOCUMENT # P02000019746

1. Entity Name

BILLY MILLER, INC.



Principal Place of Business
**172 WEST COURT
WEST MELBOURNE FL 32904**

Mailing Address
**172 WEST COURT
WEST MELBOURNE FL 32904**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3026417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALRON ENTERPRISES, INC.
390 NARRAGANSETT STREET NE
PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name **William Miller**

Street Address (P.O. Box Number is Not Acceptable)

172 West Court

City **W. Melbourne FL 32904**

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.

William Miller, Registered Agent 2/25/03

(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, WILLIAM D**
STREET ADDRESS **172 WEST COURT**
CITY-ST-ZIP **WEST MELBOURNE FL 32904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P/ST** ☒ Change ☐ Addition
NAME **Miller William D**
STREET ADDRESS **172 West Court**
CITY-ST-ZIP **West Melbourne, FL 32904**

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

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **William Miller President 2/25/03 722-2744** (321)

Date

Daytime Phone #

CR2E034 (10/02)