

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90182 046 \*\*\*150.00



☒ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT #</b> P02000073584	
<b>1. Entity Name</b> MILLER CONSULTANTS, INC.	

<b>Principal Place of Business</b> 1900 BOOTHE CIRCLE SUITE 104 LONGWOOD FL 32750	<b>Mailing Address</b> 1900 BOOTHE CIRCLE SUITE 104 LONGWOOD FL 32750
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<b>2. Principal Place of Business</b> 181 Sabal Palm Drive Suite, Apt. #, etc. 101	<b>3. Mailing Address</b> PO Box 915726 Suite, Apt. #, etc.
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<b>City &amp; State</b> Longwood, FL	<b>City &amp; State</b> Longwood, FL
<b>Zip</b> 32779	<b>Zip</b> 32791-5726
<b>Country</b> USA	<b>Country</b> USA

<b>4. FEI Number</b> 06-1642973	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	
BAGWELL, BRENDA 1900 BOOTHE CIRCLE SUITE 104 LONGWOOD FL 32750	

<b>7. Name and Address of New Registered Agent</b>	
Name _____	
Street Address (P.O. Box Number is Not Acceptable) _____	
City _____	State <b>FL</b> 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:** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE:** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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President  
Robert S. Miller  
PO Box 915726  
Longwood, FL 32791-5726

**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:** Robert S. Miller **REQUIRED** 4/1/03 407-682-3211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)