2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000090929

1. Entity Name

ANTHONY MILLER, INC.



Principal Place of Business 18770 OLD BAYSHORE ROAD NORTH FORT MYERS FL 33917

Mailing Address 18770 OLD BAYSHORE ROAD NORTH FORT MYERS FL 33917

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2. Principal I	Place of Business	3. Mailing	3. Mailing Address				18 1811) BATIN 1811)	i 11818 1811 1881	
Suite, Apt	. #, etc.	Suite, Ar	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta	te	City 8 St	ata.			SELV.			
- Ony Gold		City & St	City & State			FEI Number	⊢	pplied For	
Zip .	Country	Zip	·	Country		<u>56-2287233</u>		lot Applicable	
				Country	5.	Certificate of Status Desired	\$8.75 Ac Fee Requir	lditional ed	
	rent Registered A		7.	Name and Address of New Registere	d Agent				
MILLER, KATHY				Name					
18770 OLD BAYSHORE ROAD				Street Add	Street Address (P.O. Box Number is Not Acceptable)				
NORTH F	ORT MYERS FL 33917				· ···				
				City	City FL Zip Code				
8 The above	a named entity submits this statemen	at for the surress					— 1		
the obligat	tions of registered agent.	ant for the purpose t	or changing its n	egisterea onice or re	egistered ag	gent, or both, in the State of Florida. I ar	n familiar with.	, and accept	
· ·	3								
SIGNATURE									
	Signature, typed or printed name of registered	agent and title if applicable	. (NOTE:	Registered Agent signature	required when r	reinstating) DATE			
, F	ILE NOW!!! FEE IS \$150.00			<u>-</u>	***	-			
After May 1, 2003 Fee will be \$550,00				~ ⊊	· •	9. Election Campaign Financing		00 May Be	
Make Check Payable to Florida Department of State						Trust Fund Contribution.	☐ Adde	d to Fees	
10.	OFFICERS A	ND DIRECTORS		11.	٨٢	L DDITIONS/CHANGES TO OFFICERS AN	ID DIDECTOR	0.151.44	
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NAME	MILLER, ANTHONY		L Delete	NAME			☐ 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 all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miller

1-10-2003

543.9492

Daytime Ph

FILED

Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90310 006 ***150.00

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