

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90095 047 ***150.00

DOCUMENT # PO2000095612

1. Entity Name

MISS MLE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3909 MAIN STREET

Suite, Apt. #, etc.

3. Mailing Address
3909 MAIN STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MICCO, FL

City & State
MICCO, FL

4. FEI Number 55-0798189

Applied For
Not Applicable

Zip
32976

Country
BREVARD

Zip
32976

Country
BREVARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name BARBARA BLACKBURN

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

415 SULLIVAN STREET NW

City FORT WALTON BEACH

FL

Zip Code
32458

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.

(NOTE: Registered Agent signature required when reappointing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D EMILY A. ALLEN
3909 MAIN STREET
MICCO, FL 32976

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D MARK J. ALLEN
3909 MAIN STREET
MISSO, FL 32976

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/03

Date

5612390193

Daytime Phone #

CS2E034B (12/02)