

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Aug 27, 2004 8:00 am  
Secretary of State

08-27-2004 90005 039 \*\*\*550.00

DOCUMENT #	P03000127802
1. Entity Name	
John Miller Carpentry & Masonry, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
864 Sugar Grove Court		864 Sugar Grove Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Port Orange, FL		Port Orange, FL	
Zip	Country	Zip	Country
32129			

54070461

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
57-1192939		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name	
Miller, John	
Street Address (P.O. Box Number is Not Acceptable)	
864 Sugar Grove Court	
City	Zip Code
Port Orange	FL 32129

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 reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

11.

TITLE	President	TITLE	
NAME	George Vestal	NAME	
STREET ADDRESS	864 Sugar grove Court	STREET ADDRESS	
CITY-ST-ZIP	Port Orange, FL 32129	CITY-ST-ZIP	
TITLE	Secretary, Treasurer	TITLE	
NAME	Christine Vestal	NAME	
STREET ADDRESS	864 Sugar Grove Court	STREET ADDRESS	
CITY-ST-ZIP	Port Orange, FL 32128	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE  
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 Christine Vestal Christine Vestal, Secretary, Treasurer 8-23-04 386 767-3396  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #