

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

**FILED**

**DOCUMENT #** P04000094596

**1. Entity Name**

MILLER & MORRIS ASSOCIATES INC

05 SEP 28 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 1427 N. PINE HILLS RD Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.		<b>DO NOT WRITE IN THIS SPACE</b>	
<b>City &amp; State</b> ORLANDO, FL		<b>City &amp; State</b>			
<b>Zip</b> 32808	<b>Country</b>	<b>Zip</b>	<b>Country</b>		

<b>4. FEI Number</b> 84-1649580	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** David Morris  
**Street Address (P.O. Box Number is Not Acceptable)**  
1427 N. Pine Hills Rd

**City** Orlando **FL** **Zip Code** 32808

**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** David Morris **DATE** 9/27/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** CEO  
**NAME** DAVID MORRIS  
**STREET ADDRESS** 1427 N. PINE HILLS RD  
**CITY-ST-ZIP** ORLANDO, FL. 32808

**TITLE** PRESIDENT  
**NAME** MICHAEL MILLER  
**STREET ADDRESS** 1427 N PINE HILLS RD  
**CITY-ST-ZIP** ORLANDO, FL. 32808

**TITLE**  
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**STREET ADDRESS**  
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**11.**

**TITLE**  
**NAME**  
**STREET ADDRESS** 300060590153  
**CITY-ST-ZIP** 10/13/05--01067--024 \*\*158.75

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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:** David Morris **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**DATE** 9/27/2005

**(407) 822-7640**  
**Daytime Phone #** 927

Price's Accounting Firm Inc.

9/27/05

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform that Miller & Morris Associates Inc, did not receive a Annual Corporate Report. The state has the wrong address on file, Due to these circumstances we are asking that you abate the reinstatement fees.

Your consideration concerning this matter is greatly appreciated.

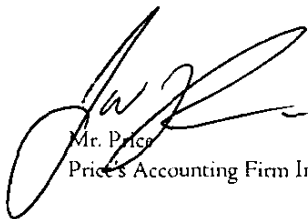
Cordially yours,



Mr. David Morris  
Miller & Morris Associates Inc.



Mr. Michael Miller  
Miller & Morris Associates Inc.



Mr. Price  
Price's Accounting Firm Inc.

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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