

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90143 026 ***150.00

DOCUMENT # P35896

1. Entity Name
**WARREN A. MILLER AND ASSOCIATES INSURANCE AGENCY
, INC.**



Principal Place of Business
**10306 BIG BEND ROAD
137
RIVERVIEW FL 33569
US**

Mailing Address
**10306 BIG BEND ROAD
137
RIVERVIEW FL 33569
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-0999868**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIRLE J. MILLER
23175 HEMENWAY AVE
PUNTA GORDA FL 33980**

Name

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

10306 BIG BEND RD., #137

City

RIVERVIEW

FL

Zip Code
33569

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 **SHIRLE MILLER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: **5/10/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCP** ☐ Delete
NAME **SHIRLE J. MILLER**
STREET ADDRESS **23175 HEMENWAY AVE.**
CITY-ST-ZIP **PUNTA GORDA FL**

☒ Change ☐ Addition
NAME **SHIRLE J. MILLER**
STREET ADDRESS **10306 BIG BEND RD. #137**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **VST** ☐ Delete
NAME **MILLER, SHIRLE**
STREET ADDRESS **23175 HEMNWAY AVE.**
CITY-ST-ZIP **PUNTA GORDA FL**

☒ Change ☐ Addition
NAME **MILLER, SHIRLE**
STREET ADDRESS **10306 BIG BEND RD. #137**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **SHIRLE MILLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **813-677-2848**

CR2E034 (10/02)