## **2003 FOR PROFIT CORPORATION**

UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P92000014747  1. Entity Name MILTON W. MILLER, P.A.				Jan 14, 2003 8:00 am		
				Secretary of State 01-14-2003 90051 001 ***150.00		
Principal Place of Business  630 U.S. HIGHWAY ONE  STE. 100  N. PALM BEACH FL 33408 US  US  2. Principal Place of Business  Mailing Address  630 U.S. HIGHWAY ONE  STE. 100  N. PALM BEACH FL 334  US  3. Mailing Address						
Suite, Apt.		Suite, Apt. #, etc.		.,		
	·	Suite, Apr. #, etc.	**	CHECK HERE IF MAKING CHANGES		
City & Stat	te	City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 95-3471255 Applied F		
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent		
MILLER, MILTON W 630 U.S. HIGHWAY ONE STE. 100				ress (P.O. Box Number is Not Acceptable)		
N. PALM BEACH FL 33408			City	FL Zip Code		
8. The above the obligat	named entity submits this statement it itions of registered agent.  Signature, typed or printed name of registered ager		s registered office or req	gistered agent, or both, in the State of Florida. I am familiar with, and ac	cept	
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 \$5.00 May Trust Fund Contribution.	Be es		
10.	OFFICERS AND	7-7-2	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE \ NAME STREET ADDRESS CITY-ST-ZIP	DPS MILLER, MILTON W 630 US HIGHWAY 1 NORTH PALM BEACH FL 33408	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	ddition	
title Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	ddition	
TITLE NAME Street Adoress City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ac	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ac	dition	
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Ad	Idition	

12. I hereby certify that the information supplied with this filling does not goalify to 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 trust a stronger of execute his 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 appear in Block in powerful.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

☐ Addition