

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90117 026 ***150.00

DOCUMENT # P93000015035

1. Entity Name
MILES BROS., INC.



Principal Place of Business
**7312 A1A SOUTH
ST. AUGUSTINE FL 32086**

Mailing Address
**7312 A1A SOUTH
ST. AUGUSTINE FL 32086**

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

59-3179434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GORNT0, L A JR.
128 ORANGE AVE.
DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE **DPST** ☐ Delete
NAME **MILES, ROBLEY M JR.**
STREET ADDRESS **425 OCEAN DUNES DRIVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32018**

TITLE **DVS** ☐ Delete
NAME **MILES, DAVID E**
STREET ADDRESS **65 DOLPHIN DR.**
CITY-ST-ZIP **ST. AUGUSTINE FL-32086**

TITLE **DBVS** ☐ Delete
NAME **MILES, STEVEN G**
STREET ADDRESS **33 FORREST VIEW**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **DVS** ☐ Delete
NAME **MILES, HENRY E**
STREET ADDRESS **3824 HICKORY LANE**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE **DVS** ☐ Delete
NAME **MILES, CHARLES S**
STREET ADDRESS **141 CREEKSIDE DRIVE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **DVS** ☐ Delete
NAME **MILES, WM. F**
STREET ADDRESS **450 TRADEWINDS LANE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-03

Date

Daytime Phone #

CR2E034 (10/02)