

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # P93000034095

1. Entity Name

Miller + Seymour Inc

Dorothy E Miller / Seymour



FILED

09 MAY 22 PM 1:48

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

1055 N.W. 143 Street

3. Mailing Address

P.O. Box 1564

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1564

City & State

Miami Florida

City & State

Miami Fla

4. FEI Number

650422803

Applied For

Not Applicable

CR2E034B (5/07)

Zip

Country

33168

USA

Zip

Country

33168

Dade

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Dorothy E Miller / Seymour

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

1055 N.W. 143 Street

Miami

Fla.

33168

City

FL

Zip Code

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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

Dorothy E Miller / Seymour

April 14, 2009

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 AR 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

TITLE	1055 N.W. 143 Street
NAME	Miami Fla. 33168
STREET ADDRESS	President Dorothy E Miller
CITY-ST-ZIP	
TITLE	1055 N.W. 143 Street
NAME	Miami Fla. 33168
STREET ADDRESS	Fred Seymour Director
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700153870237  
04/30/09--01002--008 \*\*150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Dorothy E Miller / Seymour

April 14, 2009-3065-1872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone No.