

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90151 028 ***150.00

DOCUMENT # **P93000055073**

1. Entity Name

Louise E. Miller, PA.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

347 RIVER ISLE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BRADENTON

City & State

Zip

34208

Country

USA

Zip

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0436767

☐ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LOUISE E. MILLER

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

347 RIVER ISLE

City

BRADENTON

FL

Zip Code

34208

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Louise E. Miller

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT

LOUISE E. MILLER

347 RIVER ISLE

BRADENTON, FL 34208

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VICE PRESIDENT

LARRY D. MILLER

347 RIVER ISLE

BRADENTON, FL 34208

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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IN THIS SPACE**

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Louise E. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

741-7466968

Daytime Phone #