

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State

06-14-2001 90010 031 ***150.00
 07-06-2001 90208 048 ***400.00

DOCUMENT # P93000073456

1. Entity Name
ROYLEE MILLER II ENTERPRISES, INC.

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Principal Place of Business 1636 LONGBOW LANE CLEARWATER FL 33764	Mailing Address 1636 LONGBOW LANE CLEARWATER FL 33764
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6685 142 AVEN	3. Mailing Address 6685 142 AVEN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Largo FLA	City & State Largo FLA	4. FEI Number 59-3204575	Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>

Zip 33771	Country Pinellas	Zip 33771	Country Pinellas	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, ROYLEE II 1636 LONGBOW LANE CLEARWATER FL 33764		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ROYLEE II 1636 LONGBOW LANE CLEARWATER FL 33764	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Roylee Miller* Pres. 727 538 8833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #