

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

0622763 AT

DOCUMENT # **P93000079831**

1. Entity Name
MILLER MARKETING SOUTH, INC.



05-12-2003 90210 018 ***150.00

Principal Place of Business
5317 DEER FOREST TRAIL
RALEIGH NC 27614

11804 Straley Pl.
Ral. nc 27614

Mailing Address
4523 GRANADA DRIVE
% MMW FINANCIAL SERVICES
DURHAM NC 27703-5113

11804 Straley Pl.
Ral, nc 27614



2. Principal Place of Business

11804 Straley Pl

Suite, Apt. #, etc.

3. Mailing Address

11804 Straley Pl

Suite, Apt. #, etc.

Please change.

☒ CHECK HERE IF MAKING CHANGES

City & State

Raleigh NC

City & State

Raleigh, NC

4. FEI Number **57-3211397**

Applied For

Not Applicable

Zip

27614

Country

USA

Zip

27614

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, PAUL F.
114 GOVERNORS ROAD
PONTE VEDRA BEACH FL 32082

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	PT	<input type="checkbox"/> Delete
NAME	MILLER, PAUL F	
STREET ADDRESS	114 GOVERNORS ROAD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	V/S	<input type="checkbox"/> Delete
NAME	MILLER, DEBORAH N	
STREET ADDRESS	5317 DEER FOREST TRAIL	
CITY-ST-ZIP	RALEIGH NC 27614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Paul F. Miller
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03 919-841-9388

Date

Daytime Phone #

CR2E034 (10/02)