

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000011142

1. Entity Name

KEN MILLER, INC.

FILED
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90002 044 ***550.00

Principal Place of Business

6134 LYN MAR DRIVE
 LAKELAND FL 33813

Mailing Address

6134 LYN MAR DRIVE
 LAKELAND FL 33813

2. Principal Place of Business

969 Hollingsworth Rd.

3. Mailing Address

969 Hollingsworth Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

59-3226410

Applied For

Not Applicable

Zip

33801

Country

Zip

33801

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, KENNETH C
 6134 LYN MAR DR
 LAKELAND FL 33813

Name

Miller, Kenneth C.

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

969 Hollingsworth Rd

City

Lakeland

FL

Zip Code
 33801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
 NAME D
 STREET ADDRESS MILLER, KENNETH C
 CITY-ST-ZIP 6134 LYN MAR DRIVE
 LAKELAND FL 33813

TITLE ☒ Change ☐ Addition
 NAME Miller, Kenneth C.
 STREET ADDRESS 969 Hollingsworth Rd.
 CITY-ST-ZIP Lakeland, FL 33801

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X7/31/00 Y 863 802 4774

Date

Daytime Phone #

CR2E034 (5/00)