

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-12-2003 90211 048 ***150.00

0622864 AT

DOCUMENT # P94000019280

1. Entity Name
MILLER INTERNATIONAL MOTIVATION, INC.



Principal Place of Business
**5317 DEER FOREST TRAIL
RALEIGH NC 27614**

Mailing Address
**5317 DEER FOREST-TRAIL
RALEIGH NC 27614**

2. Principal Place of Business
11804 Straley Pl
Suite, Apt. #, etc.

3. Mailing Address
11804 Straley Pl
Suite, Apt. #, etc.

City & State
Raleigh, NC

City & State
Ral, nc

4. FEI Number **59-3211931**

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

7. Name and Address of New Registered Agent

**UNDERWOOD, ROBERT L--
537 EAST PARK AVE.
TALLAHASSEE FL 32301**

Name **Miller, Paul**
Street Address (P.O. Box Number is Not Acceptable)
114 Governors Road
City **Ponte Vedra Beach FL** Zip Code **32082**

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 **Paul F Miller, II** DATE **4-15-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, PAUL F II 5317 DEER FOREST TRAIL RALEIGH NC 27614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, DEBORAH N 5317 DEER FOREST TRAIL RALEIGH NC 27614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, II**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03 **917-841-9388**
Date Daytime Phone

CR2E034 (10/02)