

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90070 005 ***150.00

DOCUMENT # P94000066523

1. Entity Name

Harry J. Miller Enterprises, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1184 Kenisco Road

3. Mailing Address

1184 Kenisco Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Venice, FL 34293

City & State
Venice, FL 34293

4. FEI Number

65-0519282

Applied For

Not Applicable

Zip
34293

Country
U.S.

Zip
34293

Country
U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Harry J. Miller

Street Address (P.O. Box Number is Not Acceptable)
1184 Kenisco Road

City
Venice

FL

Zip Code
34293

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) ☐

**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
PD
NAME
Harry J. Miller
STREET ADDRESS
1184 Kenisco Road
CITY-ST-ZIP
Venice, FL 34293

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
VD
NAME
Valarie Miller
STREET ADDRESS
1184 Kenisco Road
CITY-ST-ZIP
Venice, FL 34293

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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**DO NOT WRITE
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Harry J. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 (941) 496-8577