

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072332

1. Entity Name

CAROL K. MILLER - LCSW INCORPORATED ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90075 022 ***550.00

Principal Place of Business

516 LAKEVIEW RD
VILLA #9
CLEARWATER FL 33756
US

Mailing Address

2987 62ND AVE S
ST PETERSBURG FL 33712
US

250 Belcher Rd N
CLEARWATER, FL

2. Principal Place of Business

3. Mailing Address

250 Belcher Road North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

4. FEI Number

65-0531219

Applied For

Not Applicable

Zip

Country

33765

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

LANTOS, EDWARD J
2987 62ND AVE. SOUTH
ST. PETERSBURG FL

Name Robert Spencer, CPA

Street Address (P.O. Box Number is Not Acceptable)
250 Belcher Road North

City CLEARWATER

FL

Zip Code 33765

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 D ☐ Delete
NAME MILLER, CAROL K
STREET ADDRESS 516 LAKEVIEW RD, VILLA 9
CITY-ST-ZIP CLEARWATER FL 33756

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

TITLE D ☐ Delete
NAME WARREN, GEORGE L
STREET ADDRESS 516 LAKEVIEW RD, VILLA 9
CITY-ST-ZIP CLEARWATER FL 33756

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: CAROL K. MILLER REQUIRED 7/7/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/27 298 8338
Daytime Phone #

CR2 (03/01/00)