FILED

2002 Uniform Business Report (UBR)

Mar 14, 2002 8:00 am Secretary of State P94000080107 DOCUMENT # 1. Entity Name 03-14-2002 90037 050 ***150.00 JACQUELINE S. MILLER, P.A. Principal Place of Business Mailing Address 505 S FLAGLER DR 505 S FLAGLER DR WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0532451 Not Applicable 'Zip -Zio----Country Country-\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, JACQUELINE S Street Address (P.O. Box Number is Not Acceptable) 505 S FLAGLER DR 300 WEST PALM BEACH FL 33401 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME MILLER, JACQUELINE S NAME 505 S FLAGLER DR # 300 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME MILLER, JACQUELINE S NAME STREET ADDRESS 505 S FLAGLER DR # 300 STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33401 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 succurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director

SIGNATURE:

of the corporation or the receiver or trustee empowers changed, or on an attachine with an address, with

execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if

HAAChment Chopin & Miller Attorneys at Law A Partnership of Professional Associations

33715

505 S. FLAGLER DRIVE FLAGLER CENTER TOWER, SUITE 300 WEST PALM BEACH, FLORIDA 33401 TELEPHONE: (561) 655-9500 MAILING ADDRESS:

POST OFFICE BOX 4297

WEST PALM BEACH, FLORIDA 33402

FACSIMILE: (561) 655-9508

February 28, 2002

Florida Secretary of State Division of Corporations Uniform Business Report Filings Post Office Box 1500 Tallahassee, FL 32302-1500

Re: Jacqueline S. Miller, P.A.
Document #P94000080107

Dear Sir or Madam:

I enclose the 2002 Uniform Business Report and \$150.00 filing fee for the above referenced corporation.

Sincerely,

John L. Shaw Legal Assistant

JLS/ Enclosure