

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90040 047 \*\*\*150.00

**DOCUMENT # P95000096069**

1. Entity Name

**WILLIAM H. MILLER, D.M.D., P.A.**

Principal Place of Business

Mailing Address

**829 EAST OAK STREET  
 SUITE A  
 KISSIMMEE FL 34744**

**829 EAST OAK STREET  
 SUITE A  
 KISSIMMEE FL 34744-5838**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3348925**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**80006751**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, WILLIAM H  
 829 E OAK ST STE A  
 KISSIMMEE FL 34744**

Name

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

City

**FL**

Zip Code

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>						
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
	<b>MILLER, WILLIAM H</b>	<b>829 EAST OAK STREET, SUITE A</b>	<b>KISSIMMEE FL 34744</b>				
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
	<b>PST</b>						
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
	<b>MILLER, WILLIAM H.</b>	<b>829 E. OAK ST., SUITE A</b>	<b>KISSIMMEE FL</b>				
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition	

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:

*William H. Miller*  
**WILLIAM H. MILLER**

1/18/00

Date

407 935 0100

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR