2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 26, 2001 8:00 am Secretary of State **DOCUMENT # P96000013936** MILLER OF MANATEE, INC. 03-26-2001 90146 014 ***150.00 Principal Place of Business Mailing Address 1111 THIRD AVENUE WEST 2010 MANATER AVE E BRADENTON FL 34205 SUITE 200 Bradenton FL 34205 2. Principal Place of Business 3. Mailing Address 1001 1001 300. BLO. AVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 350 Suite Bity & State Applied For 65-0641571 CADENTON Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U- 5. A 4205 11.5.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PORGES, GREGORY J Street Address (P.O. Box Number is Not Acceptable) 1205 MANATEE AVENUE WEST **BRADENTON FL 34205** 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

941-748-3433

3-20-01

UR

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

changed, or on an attachment with an add

SIGNATURE AND

SIGNATURE:

FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **EVP** X Change Addition ☐ Delete TITLE TITLE MILLER. HUGH D NAME NAME AVE. STE 350 STREET ADDRESS 1111 3RD AVE STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL ☐ Addition ☐ Delete ☐ Change TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ... Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

HUGH WILLER

D OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR