

2000 UNIFORM BUSINESS REPORT (UBR)

2/7

DOCUMENT # P96000038657

1. Entity Name

MILLER FURNITURE OUTLET, INC.

Principal Place of Business

1330 U.S. HIGHWAY 301 EAST
PALMETTO FL 34221

Mailing Address

1330 U.S. HIGHWAY 301 EAST
PALMETTO FL 34221-4136

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

65-0665238

Applied For

Not Applicable

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

MILLER, WILLIAM D
1330 U.S. HIGHWAY 301 EAST
PALMETTO FL 34221

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

TITLE D
NAME MILLER, HEIDI
STREET ADDRESS 1330 USHWY 301 E
CITY-ST-ZIP PALMETTO FL 34221 ☐ Delete

TITLE D
NAME MILLER, PATRICIA
STREET ADDRESS 1330 U.S. HIGHWAY 301 EAST
CITY-ST-ZIP PALMETTO FL 34221 ☐ Delete

TITLE D
NAME MILLER, WILLIAM D
STREET ADDRESS 1330 U.S. HIGHWAY 301 EAST
CITY-ST-ZIP PALMETTO FL 34221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME Drogen Miller
STREET ADDRESS 1330 US HWY 301 East
CITY-ST-ZIP Palmetto, FL 34221 ☐ Change ☒

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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CITY-ST-ZIP ☐ Change ☐

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

William D. Miller William D. Miller 2/2/00 (941) 7294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2000 8:00 am
Secretary of State

02-07-2000 90077 035 ***150.00



DO NOT WRITE IN THIS SPACE