

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069058

1. Entity Name

ANDREW A. MILLER, L.C.S.W., P.A.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90131 031 ***150.00

0607638

Principal Place of Business

Mailing Address

216 E THARPE ST
TALLAHASSEE FL 32308
US

2828 REMINGTON GREEN SOUTH
TALLAHASSEE FL 32308

044561

2. Principal Place of Business

2901 Kerry Forest Parkway

3. Mailing Address

2557 PARKWAY CREEK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee FL

4. FEI Number

59-3397498

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

32308

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

MILLER, ANDREW A

216 E THARPE ST

TALLAHASSEE FL 32308

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, 2001 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 D
NAME MILLER, ANDREW A
STREET ADDRESS 2828 REMINGTON GREEN SOUTH
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE
NAME 2901 Kerry Forest Parkway ☒ Change ☐ Addition
STREET ADDRESS 2557 PARKWAY CREEK RD.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: X Andrew A. Miller, LCSW, PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01 (850) 668-9159
Date Daytime Phone #

CR2E034 (10/00)