

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077771

1. Entity Name
MILLER, TREVETT & MCCARROLL, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90065 047 ***150.00

Principal Place of Business

**1890 S. 14TH STREET
STE. 200
FERNANDINA BEACH FL 32034
US**

Mailing Address

**1610 S 8TH ST
FERNANDINA BEACH FL 32034
US**

00015654



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2334 E. State Rd. 200

3. Mailing Address

2334 E. State Rd. 200

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Fernandina Bch FL

City & State

Fernandina Bch FL

Zip

32034

Country

USA

Zip

32034

Country

USA

4. FEI Number **59-3410979**

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

WOOD, MARSHALL E ESQ.

303 CENTRE STREET

SUITE 100

FERNANDINA BEACH FL 32034

Name

Lorie L. McCarroll

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

2334 E. State Rd 200, Suite 300

City

Fernandina Beach

FL

Zip Code

32034

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

Lorie L. McCarroll, CPA

1/24/01

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 **S** ☐ Delete
NAME **TREVETT, HARRY R.**
STREET ADDRESS **1325 ATLANTIC AVE.**
CITY-ST-ZIP **FERNANDINA FL**

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

TITLE **T** ☐ Delete
NAME **MILLER, DAVID F**
STREET ADDRESS **68 MARSH CREEK ROAD**
CITY-ST-ZIP **AMELIA ISLAND FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 changes empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/01

904-277-6727

CR2E034 (10/00)