

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90054 008 ***150.00

DOCUMENT # P96000077771

1. Entity Name

MILLER, TREVETT & MCCARROLL, INC.



Principal Place of Business

2334 E STATE ROAD 200
STE 300
FERNANDINA BEACH FL 32034
US

Mailing Address

2334 E STATE ROAD 200
STE 300
FERNANDINA BEACH FL 32034
US

2. Principal Place of Business

1610 S. 8th St

3. Mailing Address

1610 S 8th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fernandina Beach FL

City & State

Fernandina Beach FL

Zip

32034

Country

Zip

32034

Country

4. FEI Number

59-3410979

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MCCARROLL, LORIE

2334 E STATE ROAD 200 STE 300
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name

David F. Miller, Sr.

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

1610 S. 8th St.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
TREVETT, HARRY R.
1325 ATLANTIC AVE.
FERNANDINA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
MILLER, DAVID F
68 MARSH CREEK ROAD
AMELIA ISLAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

Date

904-377-6727

Daytime Phone #

CR2E034 (10/02)