

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90093 029 \*\*\*150.00

**DOCUMENT # P97000000728**

1. Entity Name

**COAST TO COAST JANITOR'S SUPPLY AND EQUIPMENT, I NC.**

Principal Place of Business

**9601 A NORWOOD DR  
TAMPA FL**

Mailing Address

**P.O. BOX 273763  
TAMPA FL 33688**

2. Principal Place of Business

**4102 W. LINK BAY  
AVE**

3. Mailing Address

Suite, Apt. #, etc.

City & State **TAMPA, FL**

City & State

Zip **33624** Country **HILLSBOROUGH**

Zip **33624** Country **FL**

4. FEI Number **59-3418083**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, JOHN D  
18318 ORIOLE ST  
LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name **JOHN D. MILLER**  
Street Address (P.O. Box Number is Not Acceptable) **5406 AVE SIMONK**  
City **LUTZ** FL Zip Code **33558**

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 **John D. Miller**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/9/02**

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, 2002 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 **P** ☐ Delete  
NAME **MILLER, JOHN D**  
STREET ADDRESS **18318 ORIOLE ST**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **V.P.** ☐ Delete  
NAME **KIMBERLY A. MILLER**  
STREET ADDRESS **5406 AVE SIMONK**  
CITY-ST-ZIP **LUTZ, FL. 33558**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **JOHN D. MILLER**  
STREET ADDRESS **5406 AVE. SIMONK**  
CITY-ST-ZIP **LUTZ, FL. 33558**

TITLE **V.P.** ☐ Change ☒ Addition  
NAME **KIMBERLY A. MILLER**  
STREET ADDRESS **5406 AVE. SIMONK**  
CITY-ST-ZIP **LUTZ, FL. 33558**

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

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

TITLE ☐ Change ☐ Addition  
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 other like empowered.

SIGNATURE: **John D. Miller**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/02** **813-220-4767**  
Date Daytime Phone #

CR2E034 (9/01)