

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023121

1. Entity Name

MARY KAY MILLER, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90312 003 \*\*\*150.00

Principal Place of Business

Mailing Address

8080 - 112TH STREET NORTH  
 #307  
 SEMINOLE FL 33772

8080 - 112TH STREET NORTH  
 #307  
 SEMINOLE FL 33772-4647

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

59-3438935

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, MARY KAY  
 8080 - 112TH STREET NORTH  
 APT. 306  
 SEMINOLE FL 33772

Name

Miller, MARY KAY

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

8080-112th Street North

APT. 307

City

Seminole

FL

Zip Code

33772

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

*Mary Kay Miller*

MARY KAY MILLER

4-26-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS MILLER, MARY KAY  
 CITY-ST-ZIP 8080 - 112TH STREET NORTH, APT. 306  
 SEMINOLE FL 33772

TITLE ☒ Change ☐ Addition  
 NAME D  
 STREET ADDRESS Miller, MARY KAY  
 CITY-ST-ZIP 8080-112th Street North, Apt. 307  
 Seminole, FL 33772

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  
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 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:

*Mary Kay Miller*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 MARY KAY MILLER

4-26-00 (727) 397-2177

Date

Daytime Phone #

CR2E034 (9/99)

5-1-00