

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038983

1. Entity Name

E.A. MILLER CONSTRUCTION COMPANY, INC.

Principal Place of Business

P.O. BOX 185
LACOCHEE FL 33537

Mailing Address

P.O. BOX 185
LACOCHEE FL 33537

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CORBER, DAVID R~~
~~6095 FAIRWAY DRIVE~~
~~RIDGE MANOR FL 33523~~
Carol Atkins
3021 Paul Buckman Hwy
Zephyrhills, FL 33540

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: Carol Atkins

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 PD
NAME MILLER, EDWARD A.
STREET ADDRESS P.O. BOX 185 N/A
CITY-ST-ZIP LACOCHEE FL 33537 ☐ Delete

TITLE
NAME Edward A. Miller ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME ~~MILLER, SHIRLEY D.~~ Carol Atkins
STREET ADDRESS ~~P.O. BOX 185~~ 3021 Paul Buckman Hwy
CITY-ST-ZIP ~~LACOCHEE FL 33537~~ Zephyrhills FL 33540 ☐ Delete

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

TITLE ST
NAME CORDER, CHERYL
STREET ADDRESS 6095 FAIRWAY DRIVE
CITY-ST-ZIP RIDGE MANOR FL 33523 ☐ Delete

TITLE
NAME 400004960764-7
STREET ADDRESS -02/20/02-01052-001
CITY-ST-ZIP ***900.00 ***900.00 ☐ Change ☐ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: EDWARD A. MILLER
Edward A. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T-560928913

FILED

Tax ID Number

02 FEB 11 AM 10:16



REINSTATEMENT DO NOT WRITE IN THIS SPACE

4. FEI Number 56-0928913

Applied For

Not Applicable

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

CR25034 (10/00)