2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

with an address, with all other like emp

G OFFICER OR DIRECTOR

FILED Jan 24, 2001 8:00 am Secretary of State DOCUMENT # **P97000057664** DAN MILLER DESIGN & CONSTRUCTION, INC. 01-24-2001 90040 013 ***150.00 Principal Place of Business Mailing Address 1998 SAWDUST RD 1998 SAWDUST RD QUINCY FL 32351 QUINCY FL 32351 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3456389 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, DANNY R Street Address (P.O. Box Number is Not Acceptable) 941 DRAKE ACRES RD. QUINCY FL 32351 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition Change □ Delete TITLE TITLE MILLER, DANNY NAME NAME STREET ADDRESS STREET ADDRESS 941 DRAKE ACRES RD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL Vice President Audition ☐ Change TITLE Anthony C. Miller 941 Drake Acres Rd. Anthony C. Miller 941 Drane Acres Rd NAME NAME STREET ADDRESS STREET ADDRESS Quincy, FC 32351 Quincy, FC 32351 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change THILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP 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