

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90196 021 ***150.00

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DOCUMENT # P97000098507

1. Entity Name
MILLER, LEE & MCCARROLL, INC.

Principal Place of Business
**1610 SOUTH 8TH STREET
 FERNANDINA BEACH FL 32034**

Mailing Address
**1610 SOUTH 8TH STREET
 FERNANDINA BEACH FL 32034**

C0012881



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2334 E. State Rd 200

3. Mailing Address
2334 E State Road 200

Suite, Apt. #, etc.
300

Suite, Apt. #, etc.
300

City & State
Fernandina Beach FL

City & State
Fernandina Beach FL

Zip
32034

Country
Nassau

Zip
32034

Country
Nassau

4. FEI Number **59-3484944** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WOOD, MARSHALL E
 303 CENTRE STREET STE. 100
 FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent
 Name **LORIE L. McCarroll**
 Street Address (P.O. Box Number is Not Acceptable)
2334 E. State Road 200
 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.

SIGNATURE *Lorie L. McCarroll*
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, DAVID F SR. 68 MARSH CREEK DR. AMELIA ISALND FL 32034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEE, ROY D 1564 S. FLETCHER AVE. FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS MCCARROLL, LORIE L 2334 E. ST. RD. 200, STE. 300 FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lorie L. McCarroll*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01
 Date

Daytime Phone #

CR2E034 (10/00)