

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098507

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

Principal Place of Business
2334 EAST STATE ROAD 200 SUITE 300
FERNANDINA BEACH FL 32034

Mailing Address
2334 EAST STATE ROAD 200 SUITE 300
FERNANDINA BEACH FL 32034

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

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

MCCARROLL, LORIE
2334 EAST STATE ROAD 200
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Lorie L. McCarroll*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02 904-277-0009
Date Daytime Phone #

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90040 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)