## **2003 FOR PROFIT CORPORATION**

Mailing Address

## UNIFORM BUSINESS REPORT (UBR) P97000098507

**DOCUMENT #** 1. Entity Name

SIGNATURE:

Principal Place of Business

MILLER, LEE & MCCARROLL, INC.



**FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90824 024 \*\*\*150.00

904-277-0009

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FERNANDINA BEACH FL 32034	2334 EAST STATE ROAD 200 SUITE 300 FERNANDINA BEACH FL 32034				•		
Principal Place of Business	2 Mailing Adults						
1610 S. 8th Street 1610 S 8th ST				1 (BB14891 118 1811) 1881) 881)) B81() B81() B81()	1118 19194 19181 <b>4</b> 1411	99121 1891 1891	
Suite, Apt. #, etc.: Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State Fernandina Beac	hfd Fernandin	a Rail F	7	4. FEI Number 59-3484944		pplied For	
Zip Country	Zip	Country			\$8.75 Ad	lot Applicable	
3 20 3 4 6. Name and Address of Cur	7 Zo 3 4	<u>l</u>	Y	<ol> <li>Certificate of Status Desired</li> <li>Name and Address of New Registere</li> </ol>	Fee Require		
	1 1						
Street Address			<b>OR / 6</b> ress (P.C	RIE L. Chrs.M. (P.O. Box Number is Not Acceptable)			
2334 EAST STATE HUAD 200							
FERNANDINA BEACH FL 32034 1610			<u> </u>	8 <sup>41</sup> ST.			
		Fern	andi	ina Beach FL F		e o3√	
<ol><li>The above named entity submits this statement the obligations of registered agent.</li></ol>	nt for the purpose of changing its	registered office or re	gistered	agent, or both, in the State of Florida. I a	ım familiar with,		
SIGNATURE Signature, typocolor printed name of registered a	Chism				4/03		
	agent and title if applicable. (NOT	E: Registered Agent signature re	equired whe	en reinstating) DAT			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550. Make Check Payable to Florida Departmen	00 It of State			Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees	
.10. OFFICERS A	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE DP	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME MILLER, DAVID F SR. STREET ADDRESS 68 MARSH CREEK DR.		NAME STREET ADDRESS					
CITY-ST-ZIP AMELIA ISALND FL 32034	<u> </u>	CITY-ST-ZIP					
TITLE DV NAME LEE DOV D	☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS LEE, ROY D 1564 S. FLETCHER AVE.		NAME STREET ADDRESS '					
CITY-ST-ZIP FERNANDINA BEACH FL 3203	34	CITY-ST-ZIP				İ	
TITLE DTS	☐ Delete		TS		Change	Addition	
NAME MCCARROLL, LORIE L STREET ADDRESS 2324 F ST PD 200 STE 20	_	NAME C	hism	i, Lorie L.			
CITY-ST-ZIP 2334 E. ST. RD. 200, STE. 30 FERNANDINA BEACH FL 3203		STREET ADDRESS 41	154	Piney Island Court			
TITLE SECTION OF THE	☐ Delete	TITLE	CIA	taina beach, I E	☐ Change	☐ Addition	
NAME		NAME			Origings		
STREET ADDRESS  CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					
TITLE	☐ Delete	TITLE		<u> </u>	☐ Change	☐ Addition	
NAME		NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS					
TITLE	□ Delete	CITY-ST-ZIP		-nt			
NAME	□1 neisia	NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS					
	with this filing does not a my	CITY-ST-ZIP					
<ol> <li>I hereby certify that the information supplied vindicated on this report or supplemental report the corporation or the receiver or trustee or</li> </ol>	rt is true and accurate and that m	tne exemption stated in y signature shall have t	n Section	n 119.07(3)(i), Florida Statutes. I further co e legal effect as if made under oath; that I	ertify that the in I am an officer o	formation or director	
of the corporation or the receiver or trustoe or changed, or on an attachment with an address	s, with all-other like empowered.	is required by Chapter	607, Flo	prida Statutes; and that my name appears	in Block 10 or	Block 11 if	