

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000104906**

1. Entity Name

**COFFEE MILLERS AND ROASTING, INC.****FILED****Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90002 040 \*\*\*150.00

0533915

Principal Place of Business

113 SE 41ST TERR.  
CAPE CORAL FL 33904-8378

Mailing Address

113 SE 41ST TERR.  
CAPE CORAL FL 33904-8378

2. Principal Place of Business

926-B S.E. 9th Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Cape Coral, FL 33990

City &amp; State

4. FEI Number **65-0798312**

Applied For

Not Applicable

Zip

33990

Country

Lee

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****MILLER, MARCELL N**  
113 SE 41ST TERR.  
CAPE CORAL FL 33904-8378**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

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	D	<input type="checkbox"/> Delete
NAME	MILLER, MARCELL N	
STREET ADDRESS	113 SE 41ST TERR.	
CITY-ST-ZIP	CAPE CORAL FL 33904-8378	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, LEE E	
STREET ADDRESS	113 S E 41ST TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904-8378	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward L. Miller	
STREET ADDRESS	1413 S.W 5th Place	
CITY-ST-ZIP	Cape Coral, FL 33991	
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:***Marcell N Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-4-01  
Date941.542-1411  
Daytime Phone #

CR2E034 (10/00)