

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106742

1. Entity Name

MILLER MOTORS OF HAINES CITY, INC.

Principal Place of Business

630 HWY. 17-92 W.
HAINES CITY FL 33844

Mailing Address

630 HWY. 17-92 W.
HAINES CITY FL 33844

2. Principal Place of Business

305 Hwy 17-92 W

3. Mailing Address

305 Hwy 17-92 W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Haines City, FL 33844

City & State

Haines City, Florida

Zip

33844

Country

U.S.

Zip

33844

Country

U.S.

4. FEI Number

59-3486291

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, LINDA S
630 HWY. 17-92 W.
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

Name

Linda S. Jones

Street Address (P.O. Box Number is Not Acceptable)

305 Hwy 17-92 W

City

Haines City

FL

Zip Code

33844

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

Linda S Jones Linda S Jones

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-3-01

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 ☐ Delete
NAME JONES, BILLY J
STREET ADDRESS 620 CRYSTAL BLVD.
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Linda S Jones Linda S. Jones 1-3-01 863-421-0309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90056 010 ***150.00

00003491



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0627103