

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90962 018 ***158.75

DOCUMENT # P98000041282

1. Entity Name
MICHAEL MILLER PLANNING ASSOCIATES INC.



Principal Place of Business
**7544 WILES ROAD
SUITE C-202
CORAL SPRINGS FL 33067**

Mailing Address
**7544 WILES ROAD
SUITE C-202
CORAL SPRINGS FL 33067**

2. Principal Place of Business
7522 Wiles Road
Suite, Apt. #, etc.
Suite B-206
City & State
Coral Springs
Zip
33067 Country
US

3. Mailing Address
7522 Wiles Road
Suite, Apt. #, etc.
Suite B206
City & State
Coral Springs
Zip
33067 Country
US



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0840969** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, MICHAEL J.
10010 N.W. 59TH COURT
PARKLAND FL 33076**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS	<input type="checkbox"/> Delete
NAME MILLER, JANET B	
STREET ADDRESS 10010 NW 50TH COURT	
CITY-ST-ZIP POMPANO BEACH FL 33076	
TITLE PT	<input type="checkbox"/> Delete
NAME MILLER, MICHAEL J	
STREET ADDRESS 10010 NW 50TH CT	
CITY-ST-ZIP PARKLAND FL 33076	
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	

TITLE VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Miller, Janet B	
STREET ADDRESS 10010 NW 59th Court	
CITY-ST-ZIP Parkland, FL 33076	
TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Miller, Michael J	
STREET ADDRESS 10010 NW 59th Court	
CITY-ST-ZIP Parkland, FL 33076	
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CO-SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-03
Date

954-757-9909
Daytime Phone #

CR2E034 (10/02)