

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90130 046 \*\*\*150.00

**DOCUMENT # P98000049200**

1. Entity Name

**MILLER INVESTMENTS & PROPERTY MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

318 SHADOW BAY BOULEVARD N  
 LONGWOOD FL 32779

318 SHADOW BAY BOULEVARD N  
 LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

*Same as above*

*Same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Longwood Florida*

City & State

4. FEI Number

**59-3523976**

Applied For

Not Applicable

Zip

*32779*

Country

*USA*

Zip

Country

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, LYNDA**  
**318 SHADOW BAY BLVD. N**  
**LONGWOOD FL 32779**

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

*Lynda Miller*

*2/20/00*

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>MILLER, LYNDA</b>	<b>318 SHADOW BAY BOULEVARD N</b>	<b>LONGWOOD FL 32779</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

*Lynda Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*2/20/00*

Daytime Phone #

*(407) 869-7950*

CR2E034 (9/99)