## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000052247

MILLER, CHARLES R

SIGNATURE

104 WILD ELM COURT SANFORD FL 32773

.9. This corporation is eligible to satisfy its Intangible.

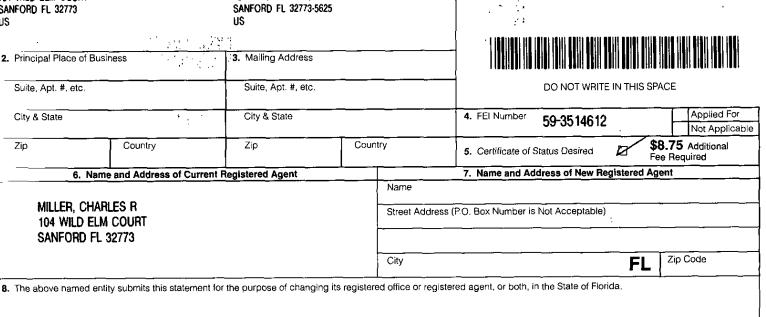
Tax filing requirement and elects to do so.

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

Principal Place of Business 04 WILD ELM COURT IANFORD FL 32773 IS		Mailing Address 104 WILD ELM COURT SANFORD FL 32773-5625 US	
		\$1.51 1)	
2. Principal Place of		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>
City & State	\$	City & State	
	Country	Zip	Country

## FILED Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90033 026 \*\*\*158.75



DATE

10. Election Campaign Financing

Trust Fund Contribution.

Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete Change TITLE TITLE MILLER, CHARLES R NAME NAME STREET ADDRESS 104 WILD ELM COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32773 Change Addition ☐ Delete TITLE **BOOKER, JOHN RICHARD** NAME NAME 600 GRAY SQUIRREL COURT STREET ADDRESS STREET ADDRESS APOPKA FL 32712 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE LASEUR, ROBERT STERNS NAME NAME STREET ADDRESS 1530 SPANISH MOSS COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIMS FL 32754 Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

City

EILE NOW!!!-FEE IS-\$150.00

After MAY 1, 2000 Fee.will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

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.

MILLER

SIGNATURE:

\$5.00 May Be

Added to Fees