

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90159 019 ***150.00

0124753 AV

DOCUMENT # P99000006538

1. Entity Name

KJ MILLER ROOFING CO.



Principal Place of Business
**1395 SAN CORTEZ AVE NE
PALM BAY FL 32907**

Mailing Address
**1395 SAN CORTEZ AVE NE
PALM BAY FL 32907**



2. Principal Place of Business

Melbourne

3. Mailing Address

1395 San Cortez Ave NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Bay

City & State

Palm Bay FL

4. FEI Number

59-3567447

Applied For

Not Applicable

Zip

Country

Zip

Country

32907

USA

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, KEVIN
25 WEST AVE.B
MELBOURNE FL 32901**

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	V	<input type="checkbox"/> Delete
NAME	MILLER, MIKE	
STREET ADDRESS	1900 POST RD APT 255	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, JOHN	
STREET ADDRESS	25 WEST AVE B	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 Jan 03

Date

321 7250981

Daytime Phone #

CR2E034 (10/02)