

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90990 019 ***150.00

[illegible]

4/28/00
JOM

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
589-3566031	Not Applicable

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

7. Name and Address of New Registered Agent

P.O. Box Number is Not Acceptable)

FL Zip Code

ed agent, or both, in the State of Florida.

when reinstating) _____ DATE _____

10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

[illegible]

Section 119.07(3)(i), Florida Statutes. I further certify that the information has the same legal effect as if made under oath; that I am an officer or director of the corporation, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CR2E034 (9/99)

DOCUMENT # P99000009305

1. Entity Name

LAW OFFICE OF JOHN C. MIOTKE, P.A.

Principal Place of Business	Mailing Address
550 N. REO STREET, SUITE 300 TAMPA FL 33609	550 N. REO STREET, SUITE 300 TAMPA FL 33609-1037

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 18391
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State Tampa, FL	
Zip	Country	Zip 33679-8391	Country Hillsborough

6. Name and Address of Current Registered Agent	
MIOTKE, JOHN C 550 N. REO STREET, SUITE 300 TAMPA FL 33609	Name
	Street Address (
	City

9. The above named entity submits this statement for the purpose of changing its registered office or register

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE *John C. Miller* JCM 4/27/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

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

11.	OFFICERS AND DIRECTORS	12.
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[illegible]

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 6054(c) of the Internal Revenue Code, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of a declaration under penalty of perjury that the information is true and accurate. If the filer is an individual, the filer is the owner of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 of the Internal Revenue Code, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

April 27, 2000 (813) 831-9609

Date _____

Daytime Phone #