

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009877

1. Entity Name

MILLER BROTHERS SERVICES INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90120 028 \*\*\*150.00

Principal Place of Business

7604 LAKESIDE WOODLANDS DR.  
HUDSON FL 34667

Mailing Address

7604 LAKESIDE WOODLANDS DR.  
HUDSON FL 34667-1442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3555595

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, JOHN  
7604 LAKESIDE WOODLANDS DR.  
HUDSON FL 34667

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

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	President	<input type="checkbox"/> Delete
NAME	Donald R Miller	
STREET ADDRESS	7604 Lakeside Woodlands Dr.	
CITY-ST-ZIP	Hudson FL 34667	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	John Miller	
STREET ADDRESS	7604 Lakeside Woodlands Dr.	
CITY-ST-ZIP	Hudson FL 34667	
TITLE	Catherine Miller Secretary	<input type="checkbox"/> Delete
NAME	Catherine Miller	
STREET ADDRESS	237 Lakeside Ranch	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	John Miller	
STREET ADDRESS	7604 Lakeside Woodlands Dr.	
CITY-ST-ZIP	Hudson FL 34667	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-00

(727)-368-4883

CR2E034 (9/99)