

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90004 027 ***150.00

DOCUMENT # P99000009877

1. Entity Name
MILLER BROTHERS SERVICES INC.

Principal Place of Business
6812 INDUSTRIAL AVE
UNIT 5
PORT RICHEY FL 34668

Mailing Address
7604 LAKESIDE WOODLANDS DR.
HUDSON FL 34667



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6812 Industrial Ave

3. Mailing Address
7604 Lakeside woodlands Dr.

Suite, Apt. #, etc.
unit #5

Suite, Apt. #, etc.
Hudson

City & State
Port Richey FL

City & State
FL

4. FEI Number **59-3555595**

Applied For
 Not Applicable

Zip
34668

Country
USA

Zip
34667

Country
USA

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

6. Name and Address of Current Registered Agent

MILLER, JOHN
7604 LAKESIDE WOODLANDS DR.
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name
Donald R Miller
 Street Address (P.O. Box Number is Not Acceptable)
7604 Lakeside woodlands Dr.
 City
Hudson FL Zip Code
34667

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 *Donald R Miller* **DONALD R Miller**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, DONALD R	
STREET ADDRESS	7604 LAKESIDE WOOD LANDS DR	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MILLER, JOHN	
STREET ADDRESS	7604 LAKESIDE WOODLAND DR	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLER, CATHERINE	
STREET ADDRESS	237 LAKESIDE RANCH	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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: *Donald R Miller* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)