

... AMENDED

09-04-2002 90086 035 \*\*\*70.00  
P99000033560  
FILED

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

02 SEP -9 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

978015

DOCUMENT # P99000033560

1. Entity Name

MILLER ENTERPRISES OF POLK COUNTY INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

150 GALLOWAY ROAD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 152

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WINTER HAVEN FLORIDA

City & State

EAGLE LAKE FLORIDA

4. FEI Number

65-3982244

Applied For

Not Applicable

Zip

33880

Country

USA

Zip

33839

Country

USA

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

7. Name and Address of Current Registered Agent

Name

BUSINESSCOM SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable)

118 SHELBY STREET

SUITE 10

AUBURNDALE

FL

Zip Code 33823

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE	CEO
NAME	GEORGE P MILLER, JR
STREET ADDRESS	150 GALLOWAY ROAD
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	VP, OPERATIONS
NAME	RANDAL S MILLER
STREET ADDRESS	150 GALLOWAY ROAD
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

*AG 9/9*

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*George P. Miller Jr.* George P. Miller Jr. C.E.O.

08/21/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)