

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098480

1. Entity Name

J. MILLER MARKETING GROUP, INC.

FILED

Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90160 045 ***150.00

Principal Place of Business

Mailing Address

% JACKIE L. MILLER, JR.
2141 TAMA CIRCLE, #201
NAPLES FL 34112

% JACKIE L. MILLER, JR.
2141 TAMA CIRCLE, #201
NAPLES FL 34112-5480

2. Principal Place of Business

852 1st AVE. So.

3. Mailing Address

Suite, Apt. #, etc.

#1028

Suite, Apt. #, etc.

City & State

NAPLES, FL.

City & State

Zip

34102

Country

USA

Zip

Country

4. FEI Number

59-3610509

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, JACKIE L JR.
2141 TAMA CIRCLE, #201
NAPLES FL 34112

7. Name and Address of New Registered Agent

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

TITLE: D
NAME: MILLER, JACKIE L JR.
STREET ADDRESS: 2141 TAMPA CIRCLE, #201
CITY-ST-ZIP: NAPLES FL 34112

TITLE: PVST
NAME: MILLER, JACKIE L JR.
STREET ADDRESS: 2141 TAMPA CIRCLE, #201
CITY-ST-ZIP: NAPLES FL 34112

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS: 2141 TAMA Circle #201
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS: 2141 TAMA Circle #201
CITY-ST-ZIP:

TITLE:
NAME: BETTY LAMBLEY
STREET ADDRESS: 2141 TAMA CR. #201
CITY-ST-ZIP: NAPLES, FL 34112

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
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

1-31-00

Date

941-643-6846

Daytime Phone #

CFE034 (9/99)