

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90050 017 ***150.00

0502582
 AV

DOCUMENT # P99000098480

1. Entity Name

J. MILLER MARKETING GROUP, INC.

Principal Place of Business

**852 1ST AVE SO
 #102
 NAPLES FL 34102**

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**125 AVIATION Dr. S.
 Suite, Apt. #, etc.
 #202**

3. Mailing Address

**125 AVIATION Dr. S.
 Suite, Apt. #, etc.
 #202**

City & State

**NAPLES FL
 Zip 34104 Country USA**

City & State

**NAPLES FL
 Zip 34104 Country USA**

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 **MILLER, Jackie L. JR.**
 Street Address (P.O. Box Number is Not Acceptable)
**125 AVIATION Dr. S.
 #202**
 City **NAPLES FL** Zip Code **34104**

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]
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-02

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
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **MILLER, JACKIE L JR.**
 STREET ADDRESS **2141 TAMA CIRCLE #201**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **PVST** ☐ Delete
 NAME **MILLER, JACKIE L JR.**
 STREET ADDRESS **2141 TAMA CIRCLE #201**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **MILLER, Jackie**
 STREET ADDRESS **125 AVIATION Dr. S. #202**
 CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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] **JACKIE L. MILLER JR. (PRES.)** **1-21-02** **941-643-6846**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)