FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 15, 2001 8:00 am Secretary of State DOCUMENT # P99000110159 1. Entity Name R.W. MILLER & ASSOCIATES, INC. 03-15-2001 90181 048 \*\*\*150.00 Principal Place of Business Mailing Address 512 PENNYROYAL PLACE 512 PENNYROYAL PLACE VENICE FL 34293 VENICE FL 34293 931302 2. Principal Place of Business 3. Mailing Address Suite; Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0969110 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 512 PENNYROYAL PLACE VENICE FL 34293 City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) ☐ Delete Change Addition TITLE TITLE MILLER, RICHARD W NAME NAME 512 PENNYROYAL PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 TITLE TITLE ☐ Change Addition ☐ Delete MILLER, BARBARA J NAME NAME STREET ADDRESS **512 PENNYROYAL PLACE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 ☐ Delete **X** Change ☐ Addition MILLER, JENNIFER E NAME NAME STREET ADDRESS STREET ADDRESS 47 SAVIN AVENUE CITY-ST-ZIP CITY-ST-7IP 02 905 NORWOOD MA 02062 THIE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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

FR OR DIRECTOR

03.12.01 84L482.