

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S70324

1. Entity Name

DISCOVER FILTRATION, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90007 008 ***150.00

Principal Place of Business

Mailing Address

% LLOYD A. MILLER
23451B S.W. 55TH AVE.
BOCA RATON FL 33433

% LLOYD A. MILLER
23451B S.W. 55TH AVE.
BOCA RATON FL 33433-7355



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4715 NW 76th ST

Suite, Apt. #, etc.

COCONUT CREEK

City & State

FL 33073

Zip

Country

FLORIDA

3. Mailing Address

4715 NW 76th ST.

Suite, Apt. #, etc.

COCONUT CREEK

City & State

FL 33073

Zip

Country

FLORIDA

4. FEI Number

65-0275885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, LLOYD A.
23451B S.W. 55TH AVE.
BOCA RATON FL 33433

Name

SAME

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

4715 NW 76th ST

City

COCONUT CREEK

FL

Zip Code

33073

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

Lloyd A Miller Lloyd A 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	MILLER, LLOYD A.	
STREET ADDRESS	23451B S.W. 55TH AVE.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MILLER, BERNARD	
STREET ADDRESS	23451 B SW 55 AVE	
CITY-ST-ZIP	BOCA RATON FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lloyd A Miller	
STREET ADDRESS	4715 NW 76th ST	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
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:

Lloyd A Miller Lloyd A Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/00 954421953

Daytime Phone #

CR2E034 (9/99)