

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0134286 AT

DOCUMENT # **S97492**

1. Entity Name

**J. D. MILLER & SONS TRUCKING, INC.**



APPROVED  
AND  
FILED

03 SEP -9 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**10441 HARNEY ROAD  
THONOTOSASSA FL 33592  
US**

Mailing Address  
**P.O. BOX 593  
THONOTOSASSA FL 33592  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3098013**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, JULIA D  
10441 HARNEY RD  
THONOTOSASSA FL 33592**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete  
NAME **MILLER, JULIA D**  
STREET ADDRESS **P O BOX 593 N/A**  
CITY-ST-ZIP **THONOTASSA FL**

TITLE **100022883968** ☐ Change ☐ Addition  
NAME **09/09/03--01059--015** **\*\*550.00**

TITLE **V** ☐ Delete  
NAME **MILLER, JOHN H**  
STREET ADDRESS **P O BOX 593 N/A**  
CITY-ST-ZIP **THONOTOSASSA FL**

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-6-03**

Date

**813-986-1275**

Daytime Phone #

CR2E034 (4/03)