

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90047 007 ***150.00

DOCUMENT # S98150

1. Entity Name
SELECT REAL ESTATE BY STEPHANIE MILLER, INC.

Principal Place of Business Mailing Address
9371 CYPRESS LAKE DR **1700 MEDICAL LANE**
17 **FORT MYERS FL 33907-1111**
FT MYERS FL 33919 **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0298122** Applied For Not Applied For

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COSTELLO, TRUMAN J.
12670 NEW BRITANNY BLVD.
#101
FORT MYERS FL 33907

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 _____ (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** Added to _____

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | |
|----------------------------|--|--|--|
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> |
| NAME | MILLER, STEPHANIE S. | NAME | |
| STREET ADDRESS | 15750 CATALPA COVE DR | STREET ADDRESS | |
| CITY-ST-ZIP | FORT MYERS FL | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change |
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| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephanie Miller* 1/20/00 941-277-1515
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #