

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90001 039 ***550.00

DOCUMENT # V02983

1. Entity Name:

MILLER WORKS, INC.

Principal Place of Business

Mailing Address

RT 1 BOX 555
 SUTTON RD
 AUBURNDALE FL 33823

RT 1 BOX 555
 SUTTON RD
 AUBURNDALE FL 33823

2. Principal Place of Business

555 Sutton Rd.

3. Mailing Address

555 Sutton Road

Suite, Apt. #, etc.

Auburndale

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3098531

Applied For

Not Applicable

Zip

Country

Zip

Country

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, RONALD L.
RT 1 BOX 555
SUTTON RD
AUBURNDALE FL 33823

Name

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

555 Sutton Road

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

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

(NOT)

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!
After MAY 1, 2001 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 **D** ☐ Delete
 NAME **MILLER, RONALD L.**
 STREET ADDRESS **555 SUTTON RD**
 CITY-ST-ZIP **AUBURNDALE FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Ronald L. Miller
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/01 (863) 967-1520
 Date Daytime Phone #

Ronald L. Miller

CR2E034 (10/00)