

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90077 038 ***158.75

DOCUMENT # V31677

1. Entity Name
EDWARD R. MILLER, P.A.



Principal Place of Business
2430 SHADOWLAWN DRIVE
SUITE 18
NAPLES FL 34112

Mailing Address
2430 SHADOWLAWN DRIVE
SUITE 18
NAPLES FL 34112



2. Principal Place of Business

Naples, FL

Suite, Apt. #, etc.

Suite 18

City & State

Naples, FL

Zip

34112

Country

U.S.A.

3. Mailing Address

2430 Shadowlawn Dr.

Suite, Apt. #, etc.

Suite 18

City & State

Naples, FL

Zip

34112

Country

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0338555**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, EDWARD R.

2430 SHADOWLAWN DRIVE

SUITE 18

NAPLES FL 34112

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

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **D** ☐ Delete
NAME **MILLER, EDWARD R.**
STREET ADDRESS **2430 SHADOWLAWN DR., #18**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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: **Edward R. Miller** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

Date

239-775-2000

Daytime Phone #

CR2E034 (10/02)