

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

(Amended)
FILED

03 OCT 17 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V46772

1. Entity Name

D.M.J. OF ST. LUCIE INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

157 N.W. HIBISCUS ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 13003

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT ST. LUCIE FL

Zip

Country

34983

US

City & State

FT. PIERCE FL

Zip

Country

34979

US

4. FEI Number

65-0341851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DOUGLAS M MILLER

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

157N.W. HIBISCUS ST.

City

PORT ST. LUCIE

FL

Zip Code

34983

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

100023866871
10/17/03--01004--006 **\$61.25

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
DOUGLAS M MILLER
157 N.W. HIBISCUS ST.
PORT ST. LUCIE FL 34983

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
JANETH C. MILLER
157 N.W. HIBISCUS ST.
PORT ST. LUCIE FL 34983

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Douglas M Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03 742-370-8095
Date Daytime Phone #

CR2E034B (12/02)