

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90012 034 \*\*\*150.00

**DOCUMENT # P97000039564**

1. Entity Name

**NEXT MILLENNIUM INDUSTTIES, INC.**

Principal Place of Business

Mailing Address

267 OAKVIEW PL  
 CRESTVIEW FL 32536  
 US

267 OAKVIEW PLACE  
 CRESTVIEW FL 32539-2857

2. Principal Place of Business

316 St. Andrews Dr.

3. Mailing Address

316 St Andrews Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Niceville, Fl.

City & State

Niceville, Fl.

4. FEI Number

59-3444832

Applied For

Not Applicable

Zip

32578

Country

USA

Zip

32578

Country

USA

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

AMERILAWYER CHARTERED  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

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

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

(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** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD  
 NAME: VANOVER, GARY  
 STREET ADDRESS: 267 OAKVIEW PLACE  
 CITY-ST-ZIP: CRESTVIEW FL 32536

TITLE: ?D  
 NAME: Gary Vanover  
 STREET ADDRESS: 316 St Andrews Dr.  
 CITY-ST-ZIP: Niceville, FL 32578

TITLE: STD  
 NAME: VANOVER, DANIELLE  
 STREET ADDRESS: 267 OAKVIEW PLACE  
 CITY-ST-ZIP: CRESTVIEW FL 32536

TITLE: STD  
 NAME: Danielle Vanover  
 STREET ADDRESS: 316 St. Andrews Dr.  
 CITY-ST-ZIP: Niceville, FL 32578

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

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 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

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:

*Danielle Vanover*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

850-678-2787  
 Daytime Phone #