

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90330 022 ***150.00

DOCUMENT # F00000000796

1. Entity Name

MONSTERMILLIONS, INC.

Principal Place of Business

**C/O THOMAS BIRCH
 11971 GLENMORE DRIVE
 CORAL SPRINGS FL 33071**

Mailing Address

**C/O THOMAS BIRCH
 11971 GLENMORE DRIVE
 CORAL SPRINGS FL 33071**

2. Principal Place of Business

**1881 N. University Drive
 Suite, Apt. #, etc.
 Ste. 209
 City & State
 Coral Springs FL
 Zip
 33071
 Country
 USA**

3. Mailing Address

**1881 N. University Drive
 Suite, Apt. #, etc.
 Ste. 209
 City & State
 Coral Springs FL
 Zip
 33071
 Country
 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2212601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

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, 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PCD
 BIRCH, THOMAS C
 11971 GLENMORE DRIVE
 CORAL SPRINGS FL 33071** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**STD
 BERGNER, MICHAEL J
 4400 NORTH FEDERAL HIGHWAY, SUITE 210
 BOCA RATON FL 33431** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MATHIAS, JOSEPH L IV
 4255 HARRIS TRAIL, N.W.
 ATLANTA GA 30327** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

Date

954-757-6211

Daytime Phone #

CR2E034 (10/00)

0136607