

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

03-14-2003 90002 030 \*\*\*\*\*50.00

**DOCUMENT # L01000019919**

1. Entity Name

**MILLENNIUM INSTALLS, LLC**



Principal Place of Business

Mailing Address

**801 22ND STREET NORTH  
ST PETERSBURG FL 33713**

**801 22ND STREET NORTH  
ST PETERSBURG FL 33713**

2. Principal Place of Business

**8339 42nd AVE N.  
Suite, Apt. #, etc.**

3. Mailing Address

**8339 42nd AVE N.  
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State

**ST PETE, FL 33709**

City & State

**ST PETE, FL**

4. FEI Number

**APPLIED FOR**

**02-0553153**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CHECHELE, T S PA  
5825 CENTRAL AVE  
SAINT PETERSBURG FL 33710**

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 \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **TOTH YATES, KARA CATHLEEN**  
STREET ADDRESS **801 22ND STREET NORTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Kara CT Yates**

**3/10/03**

**727 447 1858**

Date

Daytime Phone #

CR2E083 110/02