

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

04-29-2003 90031 003 ****50.00

DOCUMENT # L02000023014

1. Entity Name

TEAM TWO THOUSAND MILLENNIUM MARKETING, LLC



Principal Place of Business

Mailing Address

**8343 BAYSHORE DRIVE
PINELLAS COUNTY
TREASURE ISLAND FL 33706**

**8343 BAYSHORE DRIVE
PINELLAS COUNTY
TREASURE ISLAND FL 33706**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-2071659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUSTIN, WILLIAM L
8343 BAYSHORE DRIVE
PINELLAS COUNTY
TREASURE ISLAND FL 33706**

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

10. ADDITIONS/CHANGES

TITLE	MANAGING MEMBER	<input type="checkbox"/> Delete
NAME	WILLIAM L. JUSTIN	
STREET ADDRESS	8343 BAYSHORE DRIVE	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	MANAGING MEMBER	<input type="checkbox"/> Delete
NAME	PAUL ZASTEMPOWSKI	
STREET ADDRESS	9524 KELLER DRIVE	
CITY-ST-ZIP	CLARONCE CENTER, NY 14032	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

WILLIAM L. JUSTIN
MANAGING MEMBER

4/24/03

727-357-2994

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

Date

Daytime Phone #

CR2E083 (10/02)