

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98392

1. Entity Name

MILLCENT INTERIORS, INC.

Principal Place of Business

3821 NE 26TH AVE
#408
LIGHTHOUSE POINT FL 33064
US

Mailing Address

3821 NE 26 AVE
LIGHTHOUSE POINT FL 33064-8003
US

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

City & State

SAME

Zip

SAME

Country

SAME

Zip

SAME

Country

SAME

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

VOSS, MILDRED
3821 NE 26 AVE
LIGHTHOUSE POINT FL 33064

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	D	<input type="checkbox"/> Delete
NAME	VOSS, MILDRED	
STREET ADDRESS	3821 NE 26 AVE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TASHEA, ERNEST R	
STREET ADDRESS	3821 NE 26 AVE	
CITY-ST-ZIP	LIGHTHOUSE FL	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Mildred L. Voss Pres.
MILDRED L. VOSS

4/3/2000

(954) 9415241

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0219030

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

CR2E034 (9/99)