

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0001504
AF

DOCUMENT # L99000002949

1. Entity Name

THIRD MILLENNIUM LEASING COMPANY, L.L.C.

00 APR 27 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1250 W EAU GALLIE BLVD., STE J
MELBOURNE FL 32935

Mailing Address

1651 SEABURY POINT ROAD
PALM BAY FL 32907-6335



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

59-3578554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JONES, RICHARD
1250 W EAU GALLIE BLVD., STE J
MELBOURNE FL 32935

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9.

MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME VOELKEL, JOHN
STREET ADDRESS 1012 JACARANDA CIRCLE
CITY- ST- ZIP ROCKLEDGE FL

TITLE MGRM ☐ Delete
NAME VOELKEL, SUSAN
STREET ADDRESS 1012 JACARANDA CIRCLE
CITY- ST- ZIP ROCKLEDGE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10.

ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1651 Seabury Point Road, NW
CITY- ST- ZIP Palm Bay, FL 32907

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1651 Seabury Point Road, NW
CITY- ST- ZIP Palm Bay, FL 32907

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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 provided by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-24-2000

952-2083

CR2E083 (9/99)