

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006406

1. Entity Name

EARTH'S MILLENNIUM, INC.

Principal Place of Business

Mailing Address

1615 6TH STREET
VERO BEACH FL 32962

1615 6TH STREET
VERO BEACH FL 32962

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

59-3481056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAW OFFICE OF E. CLAYTON YATES
205 S. SECOND ST
FORT PIERCE FL 34950

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PSD
NAME SEWELL, CAMILLE W
STREET ADDRESS 2303 OAKE DRIVE
CITY-ST-ZIP FORT PIERCE FL 34949 ☐ Delete

TITLE
NAME CAMILLE S. YATES ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VPTD
NAME TAYLOR, KATRINA J
STREET ADDRESS 1615 6TH STREET
CITY-ST-ZIP VERO BEACH FL 32962 ☐ Delete

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

TITLE D
NAME TAYLOR, MARK
STREET ADDRESS 1615 6TH STREET
CITY-ST-ZIP VERO BEACH FL 32962 ☐ Delete

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

TITLE D
NAME RUSSAKIS, JACQUELINE C
STREET ADDRESS 317 S 2ND AVE
CITY-ST-ZIP FT PIERCE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90260 008 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)