

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90015 013 ***550.00

DOCUMENT # P0000000022
 1. Entity Name
MILLENNIUM PARALEGAL SERVICES, INC.

Principal Place of Business 1980 N. ATLANTIC NORTH COCOA BCH FL 32931	Mailing Address 1980 N. ATLANTIC NORTH COCOA BCH FL 32931
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1980 N. Atlantic Avenue Suite, Apt. #, etc. Suite 116	3. Mailing Address 1980 N. Atlantic Avenue Suite, Apt. #, etc. Suite 116
City & State Cocoa Beach, Florida	City & State Cocoa Beach, Florida
Zip 32931	Country U.S.A.

4. FEI Number 59-3613919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ZABINOFSKY, HEATHER
 1980 N. ATLANTIC NORTH
 COCOA BCH FL 32931

7. Name and Address of New Registered Agent
 Name
Heather Zabinofsky
 Street Address (P.O. Box Number is Not Acceptable)
1980 N. Atlantic Avenue
Suite 116
 City
Cocoa Beach, FL Zip Code
32931

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 SAME as originally filed/incorrect address
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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input type="checkbox"/> Delete ZABINOFSKY, HEATHER 1980 N. ATLANTIC NORTH COCOA BCH FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input type="checkbox"/> Change <input type="checkbox"/> Addition Heather Zabinofsky 1980 N. Atlantic Avenue Cocoa Beach, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Heather Zabinofsky **Heather Zabinofsky** July 10, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 President/Owner Date (321) 783-1233 Bayview Phone #

C-32 (0-4) (01)