

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90009 020 ***150.00

0513076

DOCUMENT # P00000002972

1. Entity Name
MILLENNIUM MORTGAGE OF THE TREASURE COAST, INC.

Principal Place of Business Mailing Address
12165 BANNER LAKE CIR. **P. O. BOX 8453**
HOBE SOUND FL 33455 **HOBE SOUND FL 33455**

2. Principal Place of Business 3. Mailing Address
27 E. OCEAN BLVD **P.O. Box 1127**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
STUART, FL **STUART FL**
 Zip Country Zip Country
34994 **MARTIN** **34995** **MARTIN**

4. FEI Number Applied For
65-0974676 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FETTER, SHIRLEY J
P. O. BOX 8453
HOBE SOUND FL 33455

ADDRESS ONLY

7. Name and Address of New Registered Agent

Name **SHIRLEY J FETTER**
 Street Address (P.O. Box Number is Not Acceptable)
1545 NE OCEAN DR # 104
 City **STUART** FL Zip Code **34996**

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 *Shirley J Fetter* DATE **3.30.01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE **D.P.S.T** ☐ Delete
 NAME **FETTER, SHIRLEY J**
 STREET ADDRESS **P. O. BOX 8453**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D.P.S.T** ☒ Change ☐ Addition
 NAME **SHIRLEY J FETTER**
 STREET ADDRESS **1545 NE OCEAN BLVD # 104**
 CITY-ST-ZIP **STUART, FL 34996**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Shirley J Fetter* DATE **3.30.01** DAYTIME PHONE # **361.781.1818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)