

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90056 017 ***150.00

DOCUMENT # P00000053316	
1. Entity Name Millennium 2000 Construction Corp.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1030 E. NE Capital Cir Suite, Apt. #, etc. Suite E		3. Mailing Address 1030 E. NE Capital Cir Suite, Apt. #, etc. Suite E	
City & State Tallahassee FL.		City & State Tallahassee FL.	
Zip 32301	Country USA	Zip 32301	Country USA

50030284

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 593649324		Applied For No: Applicable
	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name Thomas Don Waters Street Address (P.O. Box Number is Not Acceptable) 2128 Wembley Way City Tallahassee FL Zip Code 32308		

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. I am familiar with, and accept the obligations of registered agent.

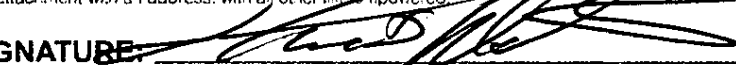
SIGNATURE  (NOTE: Registered Agent signature required when registering)
DATE _____

January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	President CEO Thomas Don Waters 2128 Wembley Way Tall. Fl. 32308	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

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 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone _____

CR2E034B (1/2/02)