

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000058820****1. Entity Name**
RICK'S MILLENNIUM INC.**Principal Place of Business**
9195 53RD WY. N.
PINELLAS PARK FL 33782**Mailing Address**
9195 53RD WY. N.
PINELLAS PARK FL 33782**FILED**
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90006 021 ***155.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9195 53rd Way N**3. Mailing Address**
9195 53rd Way N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pinellas Park FL
Zip
33782
Country
USA**City & State**
Pinellas Park FL
Zip
33782
Country
USA**4. FEI Number**
59-3650151**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****HUMPHREYS, LOUIS F**
9195 53RD WY. N.
PINELLAS PARK FL 33782**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**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 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☒ **\$5.00 May Be Added to Fees**
Trust Fund Contribution**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D HUMPHREYS, LOUIS F	9195 53RD WY. N.	PINELLAS PARK FL 33782

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	S Humphreys Jacqueline	9195 53rd Way N	Pinellas Park FL 33782

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.

Attachment 978430
Doc# F00000058820

9-701

To Whom this may concern,

We've had an unfortunate year
with my wife's illness & I came upon
the business form report yesterday.
I don't recall a previous report
that was to be filed. I called
your office to verify what needed
to be filled out & filed. We will
keep a more accurate system for
our business. I apologize for any
inconvenience for your office. If you
have any questions please call. I'm trying
to get this to you as quickly as possible.

Sincerely

Luiz Humphrey
President/owner

business 727-548-8908
727-415-4998

59-3650151