

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90188 015 ***150.00

DOCUMENT # P00000061268

1. Entity Name
MILLENNIUM INTEGRATED MARKETING SERVICES INC.



Principal Place of Business
4802 EAGLESHAM DR
ORLANDO FL 32826

Mailing Address
4802 EAGLESHAM DR
ORLANDO FL 32826



2. Principal Place of Business
3236 ARDEN VILLAS BLVD.

Suite, Apt. #, etc.
Ste #3

City & State
ORLANDO, FL

Zip
32817

Country
USA

3. Mailing Address
3236 ARDEN VILLAS BLVD

Suite, Apt. #, etc.
Ste #3

City & State
ORLANDO, FL

Zip
32817

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3648443**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WOOD, JOHN W JR
4802 EAGLESHAM DR
ORLANDO FL 32826

3236 ARDEN VILLAS BLVD. STE #3
ORLANDO, FL 32817

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

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, JOHN W JR 4802 EAGLESHAM DRIVE ORLANDO FL 32826-4021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOOD, MAGDALENA F 4802 EAGLESHAM DRIVE ORLANDO FL 32826-4021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOOD, JOHN W III 4802 EAGLESHAM DRIVE ORLANDO FL 32826-4021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOOD, JOSEPH M 4802 EAGLESHAM DRIVE ORLANDO FL 32826-4021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOOD, ALAYNA F 4802 EAGLESHAM DRIVE ORLANDO FL 32826-4021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, JOHN W. JR 3236 ARDEN VILLAS BLVD. STE #3 ORLANDO, FL 32817	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

(407) 306-9055

Daytime Phone #

CR2E034 (10/02)