

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90865 036 ***150.00

DOCUMENT # P00000077735



1. Entity Name
MILLENNIUM HOUSE SOUTHWEST FLORIDA INC.

Principal Place of Business
19641 BURGUNDY FARMS RD.
ESTERO FL 33928

Mailing Address
PO BOX 828
ESTERO FL 33928

2. Principal Place of Business

3. Mailing Address

8951 Bonita Beach Rd

8951 Bonita Beach rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 297

Suite 297

City & State

City & State

Bonita Springs FLORIDA

Bonita Springs, FLORIDA

Zip

Country

Zip

Country

34135

USA

34135

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1055880

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROCUNIER, CINDI K

3915 SW 9TH AVENUE #117

CAPE CORAL FL 33914

Name

CINDI K PROCUNIER

Street Address (P.O. Box Number is Not Acceptable)

1466 XAVIER AVE S.

City

FT MYERS

FL

Zip Code

33919

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

Cindi K Procunier

2-27-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PROCUNIER, CINDI**
STREET ADDRESS **3915 SW 9TH AVE #117**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **P** ☒ Change ☐ Addition
NAME **CINDI PROCUNIER**
STREET ADDRESS **1466 XAVIER AVENUE S.**
CITY-ST-ZIP **FT MYERS, FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Cindi K Procunier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-03

Date

239-992-5513

Daytime Phone #

CR2E034 (10/02)