

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90195 001 \*\*\*550.00

**DOCUMENT # P00000080802**

1. Entity Name

**NEW MILLENNIUM RENOVATIONS, INC.**

Principal Place of Business

**1704 ARABIAN LANE**

**PALM HARBOR FL 34685**

Mailing Address

**1704 ARABIAN LANE**

**PALM HARBOR FL 34685**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3668658**

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

**TURCO, LORETO JR**

**1784 ARABIAN LANE**

**PALM HARBOR FL 34685**

Name

**LORETO TURCO JR.**

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

**3066 WOODSONG LANE**

City

**CLEARWATER**

**FL**

Zip Code

**33761**

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

*Loreto Turco Jr.*

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

(NOTE: Registered Agent signature required when reinstating)

**7-15-2002**

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 13, 2002 Fee will be \$750.00**

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete  
 NAME **TURCO, LORETO JR**  
 STREET ADDRESS **1784 ARABIAN LN**  
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **PT** ☒ Change ☐ Addition  
 NAME **TURCO, LORETO JR**  
 STREET ADDRESS **3066 WOODSONG LANE**  
 CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **V** ☐ Delete  
 NAME **SICKLE, DANIEL**  
 STREET ADDRESS **522 HUMPHRIES RD**  
 CITY-ST-ZIP **SAFETY HARBOR FL 34685**

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

TITLE **V** ☐ Delete  
 NAME **HASLEY, STEVEN M**  
 STREET ADDRESS **32660 US HWY 19 N**  
 CITY-ST-ZIP **PALM HARBOR FL 34684**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

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

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:

*Loreto Turco Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

**7-15-2002 800-321-8511**

Date

Daytime Phone #

CR2E034 (4/02)