

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

DOCUMENT # **P00000082197**

1. Entity Name **MILLENNium DAYWALL INC**

FILED

02 JUN 14 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

611 Ponte Vedra Lks Blvd

Suite, Apt. #, etc.

1305

3. Mailing Address

611 Ponte Vedra Lks Blvd

Suite, Apt. #, etc.

1305

2001-2002 UBR

City & State

Ponte Vedra Beach

City & State

Ponte Vedra Beach, FL

4. FEI Number

59-3667964

Applied For

Not Applicable

Zip

32082

Country

U.S.

Zip

32082

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

VASYL ONYSHCHUK

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

611 PONTA VEDRA LAKES BLVD

City

Ponte Vedra Beach

FL

Zip Code

32082

**DO NOT WRITE
IN THIS SPACE**

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]

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

(NOTE: Registered Agent signature required when reinstating)

06.10.02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **PRESIDENT**
NAME **VASYL ONYSHCHUK**
STREET ADDRESS **611 PONTA VEDRA LAKES BLVD**
CITY-ST-ZIP **PONTA VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100005974671--
-06/25/02--01056--020
******300.00 ****300.00**

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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 on an attachment with an address, with all other like empowered

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06.10.02

Date

Daytime Phone #

CR20030415 (12/01)

**DO NOT WRITE
IN THIS SPACE**

201.25 - AR

10.00 - ARANTS

88.75 - ARSUPP