

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084408

1. Entity Name

MILLENNIUM MARKETING TECHNOLOGIES, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90096 019 ***150.00

Principal Place of Business

204 37TH AVENUE NORTH
ST. PETERSBURG FL 33704

Mailing Address

204 37TH AVENUE NORTH
ST. PETERSBURG FL 33704

2. Principal Place of Business

2210 Boyce Cir

3. Mailing Address

P.O. Box 684

Suite, Apt. #, etc.

Suite, Apt. #, etc.

New Smyrna Bch, FL

City & State

EDGEWATER, FL

City & State

FL

4. FEI Number

59-366 8752

Applied For

Not Applicable

Zip

Country

32132

Volusia

Zip

Country

32170-064

Volusia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE PSTD ☐ Delete
NAME HOWARD-SMITH, RYAN A
STREET ADDRESS 204 37TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE ☐ Delete
NAME 2210 Boyce Circle
STREET ADDRESS EDGEWATER
CITY-ST-ZIP FL 32132

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

Ryan Howard Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01
Date

(386) 478-1906
Daytime Phone #

CR2E034 (10/00)