2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000097293

1. Entity Name

MILLENIUM ENTERPRISES OF SOUTH FLORIDA, INC.



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90018 014 ***158.75

| Principal Place of Business 6710 WINKLER ROAD. SUITE 2 FT. MYERS FL 33919 | | | 6710 | Mailing Address 6710 WINKLER ROAD. SUITE 2 FT. MYERS FL 33919 | | | | 70002723 | | | | |
|--|------------------|----------------------------------|----------------------|---|-------------|---------------------|--|---|--------------|-------------|-------------------------------|--|
| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | | City & State | | | | FEI Number 65-1047409 | · · · | | Applied For | |
| Zip | Zip Country | | | Zip Cour | | | 5. (| 5. Certificate of Status Desired \$8.75 Addition Fee Required | | | dditional | |
| 6. Name and Address of Current F | | | | Registered Agent | | | 7. [| 7. Name and Address of New Registered Agent | | | | |
| e de la companya del companya de la companya de la companya del companya de la co | | | | | | Name | | The state of the stage | BIGICO A | jent | | |
| WALLEN, MARK A | | | | | | | 1 | | | | | |
| | | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 7842 CAMERON CIRCLE | | | | | | | | | | | | |
| FT. MYER | S FL 33912 | • | | | | | | | | | | |
| | | | | | | City | FL Zip Code | | | | de | |
| 8. The above | named entity | z submits this statement | t for the our | ose of changing its | register | ed office or re | nistered an | ent, or both, in the State of Florida | a Lamfa | milior with | and against | |
| the obligat | tions of regist | ered agent. 🕺 | | or or langing to | rogiotore | od omoc di 10 | gistored ag | chi, or both, in the state of Florida | a. Faiii iai | HIHAI WIGH | , апо ассерс | |
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| SIGNATURE . | | <u> </u> | | | | | | | | | | |
| ١. | Signature, typed | or printed name of registered ag | ent and title if app | olicable. (NOTE | : Registere | d Agent signature r | equired when re | einstating) | DATE | _ | | |
| viv. F | ILE NOW!! | ! FEE IS \$150.00 | | | | | | | | | | |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | | Election Campaign Finance Trust Fund Contribution. | cing — | | 00 May Be d to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | | | ΔD | L DITIONS/CHANGES TO OFFICE | DC AND D | VIDECTOR | OC IN 11 | |
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| I bereby certify that the information supplied with this filing does not qualify for the | | | | | | | | | | | | |
| ∡. i nereby c | eriliy inat the | iniormation supplied wi | ith this filing | does not qualify for: | the exen | nption stated i | in Section 1 | 19.07(3)(i), Florida Statutes, I furti | her certify | that the ir | nformation | |

2. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Thapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

239-985-0636

Daytime Phone #