# 2001 UNIFORM BUSINESS REPORT (UBR)

05-07-2002 90375 027 ***758.75
P00000102848

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000102848

1. Entity Name
MILLENNIUM MARKETING PARTNERSHIP, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 207 N. MOSS RD., STE. #101<br>WINTER SPRINGS FL 32708<br>change to ↓ | 207 N. MOSS RD., STE. #101<br>WINTER SPRINGS FL 32708<br>change to ↓ |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 301 W. SR 434 | 301 W. SR 434 |
| Suite, Apt. #, etc.: # 329 | Suite, Apt. #, etc.: # 329 |
| City & State: Winter Springs | City & State: Winter Springs |
| Zip: 32708 Country: USA | Zip: 32708 Country: USA |

REINSTATEMENT — DO NOT WRITE IN THIS SPACE — 01-02

4. FEI Number: 59-3593847 ☐ 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 |
|---|---|
| COLLINS, KRISTINA<br~~140 MOSSWOOD CT.~~ 301 W. SR 434 # 329<br>WINTER SPRINGS FL 32708 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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: Kristina Collins 4-22-02
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 $550.00**
**After September 12, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>COLLINS, KRISTINA<br~~113 MOSSWOOD CIRCLE~~ 301 W. SR 434 # 329<br>WINTER SPRINGS FL 32708 | ☐ Delete | ☐ Change ☐ Addition | 900006849609--1<br>-08/01/02--01020--024<br>****141.25 ****141.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>SEGRETARIO, GARY<br>1786 SENECA BLVD.<br>WINTER SPRINGS FL 32708 | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SEGRETARIO, BARBARA<br>1786 SENECA BLVD.<br>WINTER SPRINGS FL 32708 | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition | |

CR2E034 (5/01)

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:** KRISTINA COLLINS RED 4-22-02 (401) 327-0128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 7/30/02