

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90199 025 ***550.00

DOCUMENT # P00000117620

1. Entity Name

~~MILLENNIUM ENTERPRISES GROUP, INC.~~

MILLENNIUM ENTERPRISES, INC.

Principal Place of Business

~~7315 CYPRESS GROVE ROAD~~
~~ORLANDO FL 32819-3309~~

Mailing Address

~~7315 CYPRESS GROVE ROAD~~
~~ORLANDO FL 32819-3309~~

2. Principal Place of Business

4475 OLD BEAR RUN LN

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

4. FEI Number

59-3694990

Applied For

Not Applicable

Zip

32792

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHOIS, KAROLYN L

~~7315 CYPRESS GROVE ROAD~~
~~ORLANDO FL 32819~~

4475 OLD BEAR RUN LN
WINTER PARK FL 32792

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. I am familiar with, and accept the obligations of registered agent.

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 \$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 **PSTD** ☐ Delete
NAME **CHOIS, KAROLYN L**
STREET ADDRESS **7315 CYPRESS GROVE RD**
CITY-ST-ZIP **ORLANDO FL 32819-3309**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **KAROLYN L. CHOIS**
STREET ADDRESS **4475 OLD BEAR RUN LN**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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: KSIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-06-02

Date

407.679.4475

Daytime Phone #

CR2E034 (4/02)