

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90211 027 ***150.00

DOCUMENT # P01000015169
1. Entity Name
Millennium Motors & Imports, Inc.



DO NOT WRITE IN THIS SPACE

11033924

2. Principal Place of Business
2231 BEE RIDGE ROAD
Suite, Apt. #, etc.

3. Mailing Address
4343 CLARK ROAD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1075666 Applied For Not Applicable

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

City & State SARASOTA, FL City & State SARASOTA, FL

Zip 34239 Country USA Zip 34233 Country USA

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7. Name and Address of Current Registered Agent

Name CONNIE TURNER

Street Address (P.O. Box Number is Not Acceptable)
3537 SOUTH SCHOOL AVE.

City SARASOTA FL Zip Code 34239

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 Connie Turner Pres. DATE 4-28-03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | |
|--|------------------------------|----------------|----------------|
| TITLE <u>Pres</u> | NAME <u>CONNIE TURNER</u> | TITLE | NAME |
| STREET ADDRESS <u>3537 SOUTH SCHOOL AVE</u> | STREET ADDRESS | STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP <u>SARASOTA, FL 34239</u> | CITY-ST-ZIP | CITY-ST-ZIP | CITY-ST-ZIP |
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Connie Turner DATE 4-28-03 (941) 927-8224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)