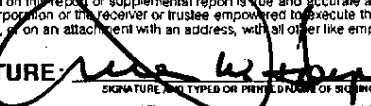


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90809 015 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000040032			
1. Entity Name MILLENNIUM SOFTWARE DEVELOPMENT, INC.			
Principal Place of Business 7300 BEACH BLVD STE 3 JACKSONVILLE, FL 32257		Mailing Address 7300 BEACH BLVD STE 3 JACKSONVILLE, FL 32257	
2. Principal Place of Business 3001 Cardinal Point Drive Suite, Apt. #, etc.		3. Mailing Address P.O. Box 58058 Suite, Apt. #, etc.	
City & State Jacksonville, Florida		City & State Jacksonville, Florida	
Zip 32257-9242 Country USA		Zip 32241-5058 Country	
4. FEI Number 59-3713616		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOUPT, FRANK W JR 7300 BEACH BLVD STE 3 JACKSONVILLE, FL 32257		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  FRANK W. HOUPt, Jr DATE 4-29-03 (NOTE: Registered Agent signature required when appointing)			
FILE NOW!! FEE IS: \$150.00 After May 1, 2003 Fee will be: \$500.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUPt, FRANK W JR BOX 5751 JACKSONVILLE, FL 322475751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSTON, JAMES E JR BOX 5751 JACKSONVILLE, FL 32247 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, LEWIS P BOX 5761 JACKSONVILLE, FL 32247 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE  FRANK W. HOUPt, Jr		DATE 4/29/03 904 5715817	

10095486



☒ CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)