

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90055 031 ***158.75

DOCUMENT # P01000052233

1. Entity Name

MILLENNIUM MONUMENTS INCORPORATED

Principal Place of Business

**9515 MELVINA RD
 JACKSONVILLE FL 32256**

Mailing Address

**3422 CORMORANT COVE DR
 JACKSONVILLE FL 32223**

2. Principal Place of Business

100 Martin St
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 455
 Suite, Apt. #, etc.

City & State

Crestview, FL

City & State

Crestview, FL

Zip

32536

Country

Okaloosa

Zip

32536

Country

Okaloosa

4. FEI Number

59 3721972

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CHAPMAN, DENISE
 3422 CORMORANT COVE DR
 JACKSONVILLE FL 32223**

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.

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

TITLE ☒ PT
 NAME **CHAPMAN, DENISE**
 STREET ADDRESS **3422 CORMORANT COVE DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☒ VS
 NAME **CHAPMAN, DAVID**
 STREET ADDRESS **3422 CORMORANT COVE DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: DAVID H. CHAPMAN David H. Chapman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 26, 2002
 Date

850-682-8004
 Daytime Phone #

CR2E034 (9/01)