

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90450 029 ***150.00

DOCUMENT # P01000065600

1. Entity Name

New Millennium Painting Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1863 Airport Cir

Suite, Apt. #, etc.

3. Mailing Address

1863 Airport Cir

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Panama City FL

City & State

Panama City FL

4. FEI Number

59-3733156

Applied For

Not Applicable

Zip

32405

Country

~~USA~~ USA

Zip

32405

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Melvin Pilgrim

Street Address (P.O. Box Number is Not Acceptable)

1863 Airport Cir

City

Panama City

FL

Zip Code

32405

**DO NOT WRITE
IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Melvin Pilgrim
1863 Airport Cir
Panama City FL 32405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Kenneth Pilgrim
1863 Airport Cir
Panama City FL 32405

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Melvin Pilgrim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-12-02 850 258-2900

CR2E034B (12/01)