

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2003 8:00 am
Secretary of State

09-08-2003 90312 009 ***550.00

DOCUMENT # **P02000010221**

1. Entity Name
NEW MILLENNIUM INVESTMENT GROUP, INC.



Principal Place of Business
**3840 SPRINGSIDE DR
ESTERO FL 33928**

Mailing Address
**P.O. BOX 681
ESTRO FL 33928-0681**

55056784

2. Principal Place of Business
14123 Reflection Lakes Dr.
Suite, Apt. #, etc.

3. Mailing Address
14123 Reflection Lakes Dr.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Fort Myers FL
Zip
33907 Country
USA

City & State
Fort Myers, FL
Zip
33907 Country
USA

4. FEI Number
02-0629305 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KINGSBURY, R. HENRY
3840 SPRINGSIDE DR
ESTERO FL 33928**

7. Name and Address of New Registered Agent

Name
Todd P. Timmons
Street Address (P.O. Box Number is Not Acceptable)
14123 Reflection Lakes Dr.
City
Fort Myers FL Zip Code
33907

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 **Todd P. Timmons - President** **Todd P. Timmons** **9/10/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TIMMONS, TODD ☐ Delete
P.O. BOX 681
ESTERO FL 33928-0681

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TIMMONS, TAFFETTA L ☐ Delete
P.O. BOX 681
ESTERO FL 33928-0681

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Timmons, Todd P. ☒ Change ☐ Addition
14123 Reflection Lakes Dr.
Fort Myers, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Timmons, Taffetta L. ☒ Change ☐ Addition
14123 Reflection Lakes Dr.
Fort Myers, FL 33907

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

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

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

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: **SIGNATURE REQUIRED** **Todd P. Timmons - President** **(239) 415-5902**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **9-10-2003** Daytime Phone #

CR2E034 (4/03)