

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000034689

FILED  
Sep 03, 2003  
Secretary of State

Entity Name: MILLENNIUM WOODWORKS AND ARTISTRY, INC.

## Current Principal Place of Business:

5131 B RIDGEWOOD AVE  
PORT ORANGE, FL 32127

## New Principal Place of Business:

4850 SPRUCE CREEK RD  
PORT ORANGE, FL 32127

## Current Mailing Address:

5131 B RIDGEWOOD AVE  
PORT ORANGE, FL 32127

## New Mailing Address:

4859 SPRUCE CREEK RD  
PORT ORANGE, FL 32127

FEI Number: 82-0543624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SICOWITZ, KARRIE A  
602 MOON PENNY CIRCLE  
PORT ORANGE, FL 32127 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRA ( ) Delete  
Name: SICOWITZ, KARRIE  
Address: 602 MOON PENNY CIRCLE  
City-St-Zip: PORT ORANGE, FL 32127

Title: VP ( ) Delete  
Name: SICOWITZ, CHARLES  
Address: 602 MOON PENNY CIRCLE  
City-St-Zip: PORT ORANGE, FL 32127

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARRIE A. SICOWITX

PRE

09/03/2003

Electronic Signature of Signing Officer or Director

Date