

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90104 048 ***150.00

DOCUMENT # P02000049286

1. Entity Name

MILLENNIUM LABORATORIES, INC.



Principal Place of Business

16329 BIRKDALE DR
ODESSA FL 33556

Mailing Address

16329 BIRKDALE DR
ODESSA FL 33556

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

E01-0709107

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAYAN, TAYSEER E
16329 BIRKDALE DR
ODESSA FL 33556

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	DP	<input type="checkbox"/> Delete
NAME	ZAYAN, TAYSEER E	
STREET ADDRESS	16329 BIRKDALE DR	
CITY - ST - ZIP	ODESSA FL 33556	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CRUM, KATHERINE	
STREET ADDRESS	7164 QUAIL HOLLOW BLVD	
CITY - ST - ZIP	WESLEY CHAPEL FL 33544	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MARTINOVICH, MARSHA	
STREET ADDRESS	5054 33RD AVE N	
CITY - ST - ZIP	ST PETERSBURG FL 33710	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DUQUAINE, DONALD	
STREET ADDRESS	6434 WILCHIRE DR	
CITY - ST - ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITEHURST, CHRISTY	
STREET ADDRESS	245 TUCKER ST	
CITY - ST - ZIP	SAFETY HARBOR FL 34695	
TITLE	D	<input type="checkbox"/> Delete
NAME	GENDI, HATEM E	
STREET ADDRESS	11812 E HAMPTON DR	
CITY - ST - ZIP	TAMPA FL 33626	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EL GENDI, HATEM
STREET ADDRESS	
CITY - ST - ZIP	

CR2E034 (10/02)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-05-03

Date

Daytime Phone #