

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-10-2003 90135 007 ***158.75

DOCUMENT # P02000065503

1. Entity Name
MILLENNIUM LIMOUSINE OF PENSACOLA INC.



Principal Place of Business
**5031 PRIETO DR
PENSACOLA FL 32506**

Mailing Address
**5031 PRIETO DR
PENSACOLA FL 32506**

2. Principal Place of Business
3404 W. NAVY BLVD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
PENSACOLA, FL
Zip
32505
Country
USA

City & State
Zip
Country

4. FEI Number
32-0015465

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SANDFORT, SCOTT
SANDFORT, BASS AND SANDFORT ASSOC. INC.
~~711A WEST GARDEN ST~~
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name **SANDFORT, SCOTT**
Street Address (P.O. Box Number is Not Acceptable)
SANDFORT, BASS AND SANDFORT ASSOC. INC.
1301 WEST GARDEN STREET
City **PENSACOLA** **FL** Zip Code **32501-4504**

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

158.75

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DRST** ☐ Delete
NAME **MILLS, RALPH J**
STREET ADDRESS **5031 PRIETO DR**
CITY-STATE-ZIP **PENSACOLA FL 32506**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-STATE-ZIP

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

3/5/03
Date

(850) 380-5039
Daytime Phone #

CR2E034 (10/02)