

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90157 039 ***150.00

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1. Entity Name

MILLENNIUM HOME INSPECTIONS, INC.



Principal Place of Business

940 EMERALD DRIVE
CHULOTA FL 32766

Mailing Address

940 EMERALD DRIVE
CHULOTA FL 32766

2. Principal Place of Business

940 Emerald Dr.

Suite, Apt. #, etc.

3. Mailing Address

940 Emerald Dr

Suite, Apt. #, etc.

City & State

Chuluota, FL

City & State

Chuluota, FL

4. FEI Number

30-0149578

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINDE, JERRY L
940 EMERALD DRIVE
CHULOTA FL 32766

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 P
NAME HINDE, JERRY L
STREET ADDRESS 940 EMERALD DRIVE
CITY-ST-ZIP CHULOTA FL 32766 Chuluota

TITLE S
NAME HINDE, LISA J
STREET ADDRESS 940 EMERALD DRIVE
CITY-ST-ZIP CHULOTA FL 32766 Chuluota

TITLE T
NAME HINDE, LISA J
STREET ADDRESS 940 EMERALD DRIVE
CITY-ST-ZIP CHULOTA FL 32766 Chuluota

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 407.977.1123

CR2E034 (10/02)