

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087019

1. Entity Name
INVESTORS MILLENIUM MANAGEMENT, INC.

Principal Place of Business

3501 N.E. 10TH STREET
OCALA FL 34470

Mailing Address

3501 N.E. 10TH STREET
OCALA FL 34470

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSON, ROSE J
3501 N.E. 10TH STREET
OCALA FL 34470

7. Name and Address of New Registered Agent

Name DENISE EDMUNDS

Street Address (P.O. Box Number is Not Acceptable)

3501 NE 10th STREET

City Ocala

FL

Zip Code

34470

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.

SIGNATURE *Denise Edmunds*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-10-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHNSON, ROSE J
STREET ADDRESS 3501 N.E. 10TH STREET
CITY-ST-ZIP Ocala FL 34470 ☒ Delete

TITLE VPST
NAME THOMSEN, BRUCE E
STREET ADDRESS 16947 PATRICIA WAY
CITY-ST-ZIP GRASS VALLEY CA 95949 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE CHAIRMAN OF BOARD - PRESIDENT
NAME BRUCE E. THOMSEN
STREET ADDRESS 575 ANTON BOULEVARD #320
CITY-ST-ZIP COSTA MESA CA. 92626 ☒ Change ☐ Addition

TITLE SECRETARY - DIRECTOR
NAME DENISE EDMUNDS
STREET ADDRESS 3501 NE 10th STREET
CITY-ST-ZIP Ocala, Florida. ☐ 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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bruce E. Thomsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90011 040 ***558.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)