

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90073 041 ***150.00

DOCUMENT # P95000053467

1. Entity Name
MILLENNIUM BEACHSIDE, INC.



Principal Place of Business
**41 WEST CHURCH STREET STE. 200
ORLANDO FL 32801-4**

Mailing Address
**41 WEST CHURCH STREET STE. 200
ORLANDO FL 32801-4**

2. Principal Place of Business
100 EAST PINE STREET

3. Mailing Address
100 EAST PINE STREET

Suite, Apt. #, etc.
SUITE 608

Suite, Apt. #, etc.
SUITE 608

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32801

Country
USA

Zip
32801

Country
USA

4. FEI Number **59-3334688**

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

**GIBSON, MARK I
41 WEST CHURCH STREET STE. 200
ORLANDO FL 32801-4**

7. Name and Address of New Registered Agent

Name **GIBSON, MARK I.**
Street Address (P.O. Box Number is Not Acceptable)
**100 EAST PINE STREET
SUITE 608
ORLANDO FL 32801**

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.

MARK I. GIBSON
(NOTE: Registered Agent signature required when reinstating)

3/31/03
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 NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, MARK I 41 WEST CHURCH STREET STE. 200 ORLANDO FL 32801-4	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 EAST PINE STREET, SUITE 608 ORLANDO, FL 32801	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 MARK I. GIBSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03
Date

401-425-6824
Daytime Phone #

CR2E034 (10/02)