

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044595

1. Entity Name

MILLENNIUM MEDICAL SUPPLIES, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90100 021 \*\*\*150.00

Principal Place of Business

1499 SW 30TH AVE  
STE 14  
BOYNTON BEACH FL 33426

Mailing Address

1499 SW 30TH AVE  
STE 14  
BOYNTON BEACH FL 33426-9010

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

~~65-0000000~~  
65-0672925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

RUSS, MICHAEL  
170 HEMMING WAY  
BOYNTON BEACH FL 33426

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete  
NAME CORDING, JEFFREY  
STREET ADDRESS 13948 FULLESTONE CIR., A  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE PT ☒ Change ☐ Addition  
NAME Russ, Michael  
STREET ADDRESS 170 Hemming Way  
CITY-ST-ZIP Boynton Beach, FL 33426

TITLE VPS ☐ Delete  
NAME RUSSO, MIKE  
STREET ADDRESS 170 HEMMING WAY  
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE VPS ☒ Change ☐ Addition  
NAME Cording, Jeffrey  
STREET ADDRESS 15356 Alexander Run  
CITY-ST-ZIP Jupiter Farms, FL 33478

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Michael J. Russo, Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00 (571) 742-9693

CR2E034 (9/99)