

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90090 044 ***150.00

DOCUMENT # P96000099388

1. Entity Name
ASIA MILLENNIUM INVESTMENTS, INC.



Principal Place of Business
**8510 WOODDRIFT DRIVE
TAMPA FL 33615**

Mailing Address
**8510 WOODDRIFT DRIVE
TAMPA FL 33615**



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 **65-0716245**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDMUNDS, DENISE
8510 WOODDRIFT DRIVE
TAMPA FL 33615**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **SD EDMUNDS, DENISE** ☒ Delete
STREET ADDRESS **8148 OIL WELL RD**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE
NAME **SD FERRELL, ANNIS** ☐ Change ☒ Addition
STREET ADDRESS **575 ANTON BOULEVARD**
CITY-ST-ZIP **COSTA MESA, CA. 92626**

TITLE
NAME **PD THOMSEN, BRUCE E** ☐ Delete
STREET ADDRESS **757 ANTON BLVD #300**
CITY-ST-ZIP **COSTA MESA CA 92626**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/04/03
Date

714-865-7479
Daytime Phone #

CR2E034 (10/02)