

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90461 035 ***150.00

DOCUMENT # P97000012744

1. Entity Name
MILLENNIUM 3 MARKETING, INC.



Principal Place of Business
**8705 IMPERIAL CT
TAMPA FL 33635
US**

Mailing Address
**11266 W HILLSBOROUGH AVENUE
204
TAMPA FL 33635**



2. Principal Place of Business

3. Mailing Address

3702 BAY TO BAY BLVD

3702 BAY TO BAY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

City & State

33629

Zip

Country

USA

Zip

33629

Country

USA

4. FEI Number **59-3429125**

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

7. Name and Address of New Registered Agent

**MOORE, K. W JR.
3702 BAY TO BAY BLVD.
TAMPA FL 33629**

DECEASED

Name

SUZANNE B. MOORE

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

3702 BAY TO BAY BLVD.

City

TAMPA

FL

Zip Code

33629

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 **Suzanne B. Moore**
Signature, typed or printed name of registered agent and title if applicable.

SUZANNE B. MOORE

(NOTE: Registered Agent signature required when reinstating)

4/24/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FENTON-MOORE, TRES	
STREET ADDRESS	8705 IMPERIAL COURT	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

TRES FENTON-MOORE

REQUIRE

TRES FENTON-MOORE

4/24/03

813-503-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)