

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90306 004 \*\*\*155.00

0486358

**DOCUMENT # P97000021314**

1. Entity Name

**MILLENIUM INFORMATION SERVICE, INC.**

Principal Place of Business

**455 CATAMARAN DRIVE STE 38  
MERRITT ISLAND FL 32952**

Mailing Address

**455 CATAMARAN DRIVE STE 38  
MERRITT ISLAND FL 32952**

**816897**

2. Principal Place of Business

**2601 NEW FOUND HARBOR DR.  
Suite, Apt. #, etc.**

3. Mailing Address

**2601 NEW FOUND HARBOR DR.  
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**MERRITT ISLAND, FL.**

City & State

**MERRITT ISLAND, FL.**

4. FEI Number

**59-3445783**

Applied For

Not Applicable

Zip

Country

**32952**

**U.S.A.**

Zip

Country

**32952**

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WUEST, MICHAEL H  
455 CATAMARAN DRIVE STE 38  
MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent

Name  
**WUEST, MICHAEL H.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2601 NEW FOUND HARBOR DR.**

City **MERRITT ISLAND** FL Zip Code **32952**

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 **MICHAEL WUEST**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/6/2001**

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 **D** ☐ Delete  
NAME **WUEST, MICHAEL H**  
STREET ADDRESS **455 CATAMARAN DRIVE STE 38**  
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D.** ☒ Change ☐ Addition  
NAME **WUEST, MICHAEL H.**  
STREET ADDRESS **2601 NEW FOUND HARBOR DR.**  
CITY-ST-ZIP **MERRITT ISLAND, FL. 32952**

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

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

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

TITLE ☐ Change ☐ Addition  
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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL WUEST**

Date

Daytime Phone #

**1/6/2001**

**321-459-3046**

CR2E034 (10/00)