

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91163 024 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023537

1. Entity Name

MILLENNIA ENTERPRISES, INC.

00116111

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4851 Dairy Road

Suite, Apt. #, etc.

3. Mailing Address
4851 Dairy Road

Suite, Apt. #, etc.

City & State
Melbourne, FLCity & State
Melbourne, FLZip
32904Country
USAZip
32904Country
USA

4. FEI Number

~~59-3842088~~Applied For
Not Applicable5. Certificate of Status Desired: ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: Samuel A. Zurich

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

4851 Dairy Road

City Melbourne

FL

Zip Code
32904DO NOT WRITE
IN THIS SPACE

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

Samuel A. Zurich, Reg. Agent

4/30/03

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

(NOTE: Registered Agent signature required when registering)

Date

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back.) ☐10. Election Campaign Financing
Trust Fund Contribution: ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T Zurich, Samuel A. 4851 Dairy Road, Melbourne, FL 32904
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 registrar or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

Samuel A. Zurich, President

4/30/03

321-724-2334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/05/2003 11:01:01