

FILED
Apr 11, 2002 8:00 am
Secretary of State

02-14-2002 90071 015 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037447

1. Entity Name
MILLENNIUM RECEIVABLE SOLUTIONS, INC.

Principal Place of Business Mailing Address
ONE DAVIS BLVD. ONE DAVIS BLVD.
SUITE 204 SUITE 204
TAMPA FL 33606 TAMPA FL 33606

2. Principal Place of Business 3. Mailing Address
2005 PAN AM Circle Drive 2005 PAN AM Circle Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 800 Suite 800

City & State City & State
TAMPA FL 33607 TAMPA FL 33607

Zip Country Zip Country
33607 Hillsborough 33607 Hillsborough

4. FEI Number 59-3443071 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SELETOS, KATHERINE
3204 OAKMONTE MASON CIR.
TAMPA FL 33629

7. Name and Address of New Registered Agent
Name ANTHONY DE BENEDECTIS
Street Address (P.O. Box Number is Not Acceptable)
3010 W. CHAPIN AVE
City TAMPA FL Zip Code 33611

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 Anthony DeBenedictis, Anthony DeBenedictis 1/28/02
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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	<input checked="" type="checkbox"/> Delete
NAME	SELETOS, KATHERINE	
STREET ADDRESS	3204 OAKMONT MASON CIRCLE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEBENEDECTIS, ANTHONY	
STREET ADDRESS	3010 W. CHAPIN AVE.	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGINCHLEY, PATRICIA	
STREET ADDRESS	3010 W CHAPIN AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS	JOHN CASON	
CITY-ST-ZIP	4115 W. DALE AVE	
	TAMPA, FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Anthony DeBenedictis, Anthony DeBenedictis 1/28/02 (813) 876-4944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)