

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041158

1. Entity Name

MILLENNIUM COLLECTIONS CORPORATION

Principal Place of Business

2001 9TH AVENUE
SUITE 302
VERO BEACH FL 32960

Mailing Address

2001 9TH AVENUE
SUITE 302
VERO BEACH FL 32961-6899

2. Principal Place of Business

800 20th PLACE

3. Mailing Address

P.O. Box 6899

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32960

Country

USA

Zip

32961-6899

Country

USA

4. FEI Number

65-0757153

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE FL 32301-2607

7. Name and Address of New Registered Agent

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.

SIGNATURE

Jonathan D. Rose, Sec.
JONATHAN D. ROSE, SEC.

2-28-00

DATE

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
DREILINGER, PETER
601-202 CENTRE COURT DR. SW
VERO BEACH FL 32962 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
ROSE, JONATHAN D
610 DAHLIA LANE
VERO BEACH FL 32963 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Jonathan D. Rose, Sec.
JONATHAN D. ROSE, SEC.

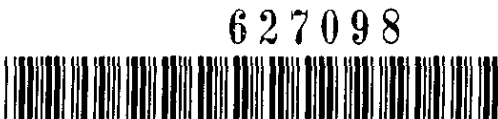
2-28-00

Date

Daytime Phone #

(561) 567-0177

CR2F034 (9/00)



DO NOT WRITE IN THIS SPACE

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