

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90019 045 ***150.00

DOCUMENT # P97000041438

1. Entity Name

NEW MILLENNIUM SYSTEMS, INC.

Principal Place of Business

Mailing Address

190 CAJEPUT DRIVE
 NAPLES FL 34108

190 CAJEPUT DRIVE
 NAPLES FL 34108-2613

00001773

2. Principal Place of Business

3. Mailing Address

3649 Ashling Dr
 Suite, Apt. #, etc.

3649 Ashling Dr
 Suite, Apt. #, etc.

City & State

City & State

Lake land, FL

Lake land, FL

Zip 33803

Country

Zip 33803

Country

4. FEI Number

59-3446101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROYAN, MARK
 190 CAJEPUT DRIVE
 NAPLES FL 34108

Name

Royan, Mark

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

3649 Ashling Dr.

City

Lake land

FL

Zip Code

33803

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/21/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
 NAME ROYAN, MARK
 STREET ADDRESS 190 CAJEPUT DRIVE
 CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE D
 NAME Royan, Mark
 STREET ADDRESS 3649 Ashling Dr.
 CITY-ST-ZIP Lake land, FL 33803 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/00

Date

863-709-9649

Daytime Phone #

CR2E034 (9/99)