

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90864 002 ***150.00

DOCUMENT # P97000053985

1. Entity Name
MILLENNIUM ELEVATOR, INC.

| | |
|--|---|
| Principal Place of Business 721 STONEWALL ST. JACKSONVILLE, FL 32204 | Mailing Address 721 STONEWALL ST. JACKSONVILLE FL 32204 |
|--|---|

| | |
|--|--|
| 2. Principal Place of Business 87 MAGNOLIA ST. | 3. Mailing Address 87 MAGNOLIA ST. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---|---|
| City & State JACKSONVILLE, FL | City & State JACKSONVILLE FL. |
| Zip 32204 | Zip 32204 |
| Country USA | Country USA |

4. FEI Number **59-3453789**

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

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



DO NOT WRITE IN THIS SPACE.

6. Name and Address of Current Registered Agent

STRICKLAND, JACK W JR
721 STONEWALL ST.
JACKSONVILLE, FL 32204

7. Name and Address of New Registered Agent

Name: **STRICKLAND, JACK, W. SR.**
 Street Address (P.O. Box Number is Not Acceptable): **87 MAGNOLIA ST.**
 City: **JACKSONVILLE** FL Zip Code: **32204**

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: **PRESIDENT MILLENNIUM ELEVATOR, INC.** DATE: **4/27/02**

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, 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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE D | NAME STRICKLAND, JACK W | TITLE PRESIDENT | NAME STRICKLAND, JACK, W. SR. |
| STREET ADDRESS 721 STONEWALL ST. | STREET ADDRESS 87 MAGNOLIA ST. | STREET ADDRESS 87 MAGNOLIA ST. | STREET ADDRESS 87 MAGNOLIA ST. |
| CITY-ST-ZIP JACKSONVILLE FL 32204 | CITY-ST-ZIP JACKSONVILLE FL 32204 | CITY-ST-ZIP JACKSONVILLE FL 32204 | CITY-ST-ZIP JACKSONVILLE FL 32204 |
| <input type="checkbox"/> Delete | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| <input type="checkbox"/> Delete | <input type="checkbox"/> Change | <input type="checkbox"/> Change | <input type="checkbox"/> 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: **STRICKLAND, JACK W. SR. PRESIDENT MILLENNIUM ELEVATOR, INC.** DATE: **4/27/02** DAYTIME PHONE #: **904-356-1006**

2002-05-21

CR2E034 (9/01)