

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000036376**

1. Entity Name

MILLENNIUM CONSULTING GROUP, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90023 018 ***150.00

Principal Place of Business

Mailing Address

4201 WEST CYPRESS
TAMPA FL 336074201 WEST CYPRESS
TAMPA FL 33609-1014

2. Principal Place of Business

3. Mailing Address

406 N. REO ST

406 N. REO ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 137

STE 137

City & State

City & State

Tampa

FL

Zip

Country

Zip

Country

33609

Hillsborough

33609

Hillsborough

4. FEI Number

59-3508281

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

MCARTHUR, STUART
4201 W CYPRESS STREET
TAMPA FL 33607

Name

MCARTHUR, STUART

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

406 N. REO ST

STE 137

City

Tampa

FL

Zip Code

33609

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

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 State10. 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 PD ☐ Delete
NAME MCARTHUR, STUART
STREET ADDRESS 4601 GARYVIEW COURT #207C
CITY-ST-ZIP TAMPA FL 33609TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE STD ☐ Delete
NAME BRUCE, MARTI S
STREET ADDRESS 13709 WHITEBARK PLACE
CITY-ST-ZIP TAMPA FL 33625TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/00

813-879-1700