

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90069 050 ***150.00

DOCUMENT # P98000047576

1. Entity Name

MILLENNIUM COATINGS, INC.

Principal Place of Business

Mailing Address

**1007 BEULAH DRIVE
EDGEWATER FL 32132****1007 BEULAH DRIVE
EDGEWATER FL 32132-2104**

2. Principal Place of Business

3. Mailing Address

EDGEWATER / HOME
Suite, Apt. #, etc.**1007 BEULAH DRIVE**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
EDGEWATER FL.City & State
EDGEWATER FL4. FEI Number
59-3509886Applied For
Not ApplicableZip
32132 Country
VOLUSIAZip
32132 Country
VOLUSIA5. 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

**ACHENBACH, MYRNA
1007 BEULAH DRIVE
EDGEWATER FL 32132**

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ACHENBACH, MYRNA
1007 BEULAH DR
EDGEWATER FL 32132 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SANTORO, JAMES
3119 ORANGE TR. DR.
EDGEWATER FL 32141 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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:

Myrna Achenbach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/25/00**
Date

Daytime Phone #