

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000047576**

1. Entity Name

MILLENNIUM COATINGS, INC.**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90008 003 ***150.00

Principal Place of Business

EDGEWATER/HOME
EDGEWATER FL 32132

Mailing Address

1007 BEULAH DRIVE
EDGEWATER FL 32132

2. Principal Place of Business

EDGEWATER HOME

Suite, Apt. #, etc.

3. Mailing Address

3119 ORANGE TREE DR

Suite, Apt. #, etc.

City & State

EDGEWATER FL

Zip

32141

Country

USA

City & State

EDGEWATER FL

Zip

32141

Country

USA

4. FEI Number

59-3509886

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ACHENBACH, MYRNA
1007 BEULAH DRIVE
EDGEWATER FL 32132

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

*James C. Santoro***JAMES C SANTORO VP. CHANGE OF ADDRESS****1-15-01**

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ACHENBACH, MYRNA	
STREET ADDRESS	1007 BEULAH DR	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SANTORO, JAMES	
STREET ADDRESS	3119 ORANGE TR. DR.	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

James C. Santoro **JAMES C SANTORO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

Date

904-423-1736

Daytime Phone #

CR2E034 (10/00)