

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050897

1. Entity Name

MILLENIUM SERVICES AND CONTRACTING, INC.



**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90002 044 \*\*\*550.00

Principal Place of Business

Mailing Address

214 N GOLDENROD  
SUITE #18  
ORLANDO FL 32807  
US

214 N GOLDENROD  
SUITE #18  
ORLANDO FL 32807-8221  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3538050

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

HUBBARD, DENNIS  
3646 FOX HOLLOW DRIVE  
ORLANDO FL 32829

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 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 P  
NAME LACASTO, MATTHEW J  
STREET ADDRESS 473 TURNSTONE WAY  
CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete

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

TITLE VP  
NAME HUBBARD, DENIS M  
STREET ADDRESS 3646 FOX HOLLOW DR  
CITY-ST-ZIP ORLANDO FL 32829 ☐ Delete

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

TITLE T  
NAME LACASTO, JENNIFER L  
STREET ADDRESS 473 TURNSTONE WAY  
CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete

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

TITLE S  
NAME HUBBARD, CATHY D  
STREET ADDRESS 3646 FOX HOLLOW DR  
CITY-ST-ZIP ORLANDO FL 32829 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
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, without other like empowered.

SIGNATURE:

*Dennis Hubbard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/00  
Date

407-273-3189  
Daytime Phone #

CR2E034 (9/99)