

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000053903**

1. Entity Name

MILLENNIAL ENTERPRISES, INC.**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90061 022 ***150.00

Principal Place of Business

924 FLORIDA AVE., APT #15
PANAMA CITY FL 32401

Mailing Address

924 FLORIDA AVE., APT #15
PANAMA CITY FL 32401

2. Principal Place of Business

6412 EVERLY ST.

3. Mailing Address

Suite, Apt. #, etc. "

City & State

YOUNGSTOWN FL

City & State

"

Zip

32466

Country

USA

Zip

"

Country

"

4. FEI Number

59-3511660

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****SIMILUK, ROBERT A**
924 FLORIDA AVE., APT #15
PANAMA CITY FL 32401**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

Robert A Similuk **VP D** **4-30-01**
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	TSDM	<input type="checkbox"/> Delete
NAME	SIMILUK, TRACY L	
STREET ADDRESS	924 FLORIDA AVE., APT #15	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMILUK, ROBERT	
STREET ADDRESS	924 FLORIDA AVE., APT #15	
CITY-ST-ZIP	PANAMA CITY FL 32401	
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	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACY SIMILUK	
STREET ADDRESS	6412 EVERLY ST.	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT SIMILUK	
STREET ADDRESS	6412 EVERLY ST	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	
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 I am empowered.

SIGNATURE:

Robert A Similuk **4-30-01** **(850) 722-6770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)