

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054871

1. Entity Name

MILLENNIUM MEDITRENDS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90088 020 ***158.75

Principal Place of Business

Mailing Address

12903 MIA CIRCLE
 LARGO FL 33774

12903 MIA CIRCLE
 LARGO FL 33779-0133

2. Principal Place of Business

3. Mailing Address

13300 WALSHINGHAM ROAD
 Suite, Apt. #, etc.

Post Office Box 133
 Suite, Apt. #, etc.

Suite 67

City & State
 LARGO, FL

City & State
 LARGO, FL

Zip
 33774

Country
 US

Zip
 33779

Country
 US

4. FEI Number 59-3517693

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

DALE, SCHUTZE R
 12903 MIA CIRCLE
 LARGO FL 33774

Name
 DALE R. SCHUTZE

Street Address (P.O. Box Number is Not Acceptable)
 13300 WALSHINGHAM ROAD

Suite #67

City
 LARGO

FL

Zip Code
 33774

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 SCHUTZE, DALE R
 12903 MIA CIRCLE
 LARGO FL 33774

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DIRECTOR
 DALE R. SCHUTZE
 13300 WALSHINGHAM ROAD # 67
 LARGO, FL 33774

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2000

Date

727-593-3410

Daytime Phone #

CR2E034 (9/99)