

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000095521**

1. Entity Name

**MILLENNIUM ENTERPRISES UNLIMITED, INC.**

Principal Place of Business

Mailing Address

**2699 FORSTYTH RD  
ORLANDO FL 32807****2699 FORSTYTH RD  
ORLANDO FL 32807**

2. Principal Place of Business

3. Mailing Address

**Suite #114**

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3545937**Applied For  
Not Applicable5. 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

**DVORES, HARRIS N  
200 E. ROBINSON ST. STE. 1250  
ORLANDO FL 32801**

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, 2001 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

TITLE **D** ☐ Delete  
NAME **TROTTER, GARY**  
STREET ADDRESS **10771 SATINWOOD CR.**  
CITY-ST-ZIP **ORLANDO FL 32825**TITLE **D** ☐ Delete  
NAME **HILLERMAN, EARL**  
STREET ADDRESS **995 SHAFFER TR.**  
CITY-ST-ZIP **OVIEDO FL 32765**TITLE **D** ☐ Delete  
NAME **MIXON, ACEY**  
STREET ADDRESS **500 NICOLE BLVD.**  
CITY-ST-ZIP **OCOE FL 34761**TITLE **D** ☐ Delete  
NAME **HILLERMAN, ERIC**  
STREET ADDRESS **9991 TRIPLE CROWN CR.**  
CITY-ST-ZIP **ORLANDO FL 32825**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1800 Taylor Ave**  
CITY-ST-ZIP **Winter Park FL 32789**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **10771 Satinwood cir**  
CITY-ST-ZIP **orlando FL 32825**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gary Trotter****1/5/01 407 420 2001**

Date Daytime Phone #

**FILED  
Jan 22, 2001 8:00 am  
Secretary of State**

01-22-2001 90023 045 \*\*\*150.00

**00007706**

DO NOT WRITE IN THIS SPACE

0066208

CR2E034 (10/00)