

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095521

1. Entity Name
MILLENNIUM ENTERPRISES UNLIMITED, INC.

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90210 002 ***150.00

Principal Place of Business

2699 FORSTYTH RD.
STE 114
ORLANDO FL 32807

Mailing Address

2699 FORSTYTH RD
ORLANDO FL 32807

2. Principal Place of Business

4340 Edgewater Dr
Suite, Apt. #, etc.

3. Mailing Address

4340 Edgewater Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Orlando FL

Zip
32804

Country

City & State
Orlando FL

Zip
32804

Country

4. FEI Number
59-3545937

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

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, 2002 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 1800 TAYLOR AVE
CITY-ST-ZIP WINTER PARK FL 32789

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 OCOEE FL 34761

TITLE D ☐ Delete
NAME HILLERMAN, ERIC
STREET ADDRESS 10771 SATINWOOD CIR
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ 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 information.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02 407 420 2001
Date Daytime Phone #

CR2E034 (9/01)