

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016038

1. Entity Name

CK MILLENNIUM ENTERPRISES, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90022 002 ***550.00

Principal Place of Business

POST OFFICE BOX 19803
JACKSONVILLE FL 32245

Mailing Address

POST OFFICE BOX 19803
JACKSONVILLE FL 32245

2. Principal Place of Business

10916 Atlantic Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

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DO NOT WRITE IN THIS SPACE

4. FFI Number

59-3561877

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRITT, ARNOLD D JR
2236 ST. JOHN AVENUE
SUITE 100
JACKSONVILLE FL 32204

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
NAME	JONES, KENNETH D	
STREET ADDRESS	POST OFFICE BOX 19803 N/A	
CITY-ST-ZIP	JACKSONVILLE FL 32245	
TITLE	D	<input type="checkbox"/> Delete
NAME	STELL, CHAD	
STREET ADDRESS	POST OFFICE BOX 19803 N/A	
CITY-ST-ZIP	JACKSONVILLE FL 32245	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-00
Date

904-928-0047
Daytime Phone #

CR2E034 (5/00)