

2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016038

1. Entity Name

CK MILLENNIUM ENTERPRISES, INC.

Principal Place of Business

10916 ATLANTIC BLVD
STE 11
JACKSONVILLE FL 32225

Mailing Address

POST OFFICE BOX 19803
JACKSONVILLE FL 32245

2. Principal Place of Business

10916 Atlantic Blvd

Suite, Apt. #, etc.

Ste 11

City & State

Jacksonville FL

Zip

32225

Country

USA

3. Mailing Address

10916 Atlantic Blvd

Suite, Apt. #, etc.

Ste 11

City & State

Jacksonville FL 32225

Zip

32225

Country

USA

4. FEI 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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
D JONES, KENNETH D
POST OFFICE BOX 19803 N/A
JACKSONVILLE FL 32245 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D STELL, CHAD
POST OFFICE BOX 19803 N/A
JACKSONVILLE FL 32245 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Stell, Chad
10916 Atlantic Blvd #11
Jacksonville FL 32225 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Chad Stell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90497 002 ***150.00

00023750



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)