

2000 UNIFORM BUSINESS REPORT (UBR)

5/3.

FILED
Jun 09, 2000 8:00 am
Secretary of State

05-03-2000 90017 024 ***150.00

DOCUMENT # P99000019281

1. Entity Name
MILLENNIUM DISTRIBUTION INC

Principal Place of Business 501 116TH AVE N STE 223 ST. PETERSBURG FL 33716	Mailing Address 501-116TH AVE N STE 223 ST. PETERSBURG FL 33716-2724
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-3556306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
IQBAL, SHAHID
350 74TH AVE. N., APT. 201
ST. PETERSBURG FL 33702

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, RICHARD J	
STREET ADDRESS	501 116TH AVE. N., STE. 223	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank B. Wilson	
STREET ADDRESS	1034 West Sherwood DR.	
CITY-ST-ZIP	Sumter, S.C. 29153	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adam Wilson	
STREET ADDRESS	8200 Old Winter Garden Rd. Apt. 1922	
CITY-ST-ZIP	Ocoee, Fla. 34761	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shahid Iqbal	
STREET ADDRESS	501 116th Ave. N. Ste. 223	
CITY-ST-ZIP	ST Petersburg, Fla. 33716-2724	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Naiyer Imam	
STREET ADDRESS	6185 Steeph Chase DR.	
CITY-ST-ZIP	Roanoke, Va 24018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 empowerments.

SIGNATURE: *[Signature]* **4/21/00** (727) 570-9970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)