

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028203

1. Entity Name
NEW MILLENNIUM VAN LINES, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State
07-21-2000 90151 003 ***150.00

Principal Place of Business
9002 ADAMO DR.
TAMPA FL 33619

Mailing Address
9002 ADAMO DR.
TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3565676

Applied For

Not Applicable

5. 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

ANTONELLI, NANCY
9002 ADAMO DR.
TAMPA FL 33619

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ANTONELLI, GENE
9002 ADAMO DR.
TAMPA FL 33619 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ANTONELLI, NANCY
9002 ADAMO DR.
TAMPA FL 33619 ☐ Delete

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

P99000628203

ADU6930

New Millenium Van Lines, Inc.
9002 Adamo Dr.
Tampa, Fl. 33619

Uniform Business Report
Division of corporations
PO Box 1500
Tallahassee, fl. 32302-1500

7/14/00

Enclosed is \$150.00 filing fee for the 2000 Uniform Business Report. We are requesting abatement of the \$400.00 Late fee assessment.

We recently received a second notice from the Florida Department of State- Division of Corporations to file the 2000 Uniform Business Report. However, we have no record of receiving the first notice. While we might have received it, our office has been in trnsition and it could have gotten misplaced. We are generally conscientious about these matters and did not willfully neglect to file the report and pay the fee..

We truly would be grateful if you would abate the late fee assessment.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dave Antonelli", written in dark ink.