

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90059 025 ***150.00

DOCUMENT # **P99000028203**

1. Entity Name **NEW MILLENNIUM VAN LINES**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

TAMPA

3. Mailing Address

8504 ADAMO DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3565676

Applied For

Not Applicable

Zip

33619

Country

HILLSBOROUGH

Zip

33619

Country

HILLSBOROUGH

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NANCY ANTONELLI

Street Address (P.O. Box Number is Not Acceptable)

8504 ADAMO DRIVE

8504 ADAMO DRIVE

City

TAMPA, FL

FL

Zip Code

33619

**DO NOT WRITE
IN THIS SPACE**

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)

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January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PRESIDENT
NAME	GENE ANTONELLI
STREET ADDRESS	8504 ADAMO DR
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	REGISTERED AGENT VICE PRESIDENT
NAME	NANCY ANTONELLI
STREET ADDRESS	8504 ADAMO DR
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Gene Antonelli** **Gene Antonelli**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

813-626-0200

Daytime Phone #