

2000 UNIFORM BUSINESS REPORT (UBR)

S/1

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-01-2000 90386 021 ***150.00

DOCUMENT # P99000033445

1. Entity Name

MILLENNIA UNDERWRITERS, INC.

Principal Place of Business

425 S. CHICKASAW TRAIL, SUITE 173
 ORLANDO FL 32825

Mailing Address

425 S. CHICKASAW TRAIL, SUITE 173
 ORLANDO FL 32825-7852

2. Principal Place of Business

63 W. MAIN ST.

Suite, Apt. #, etc.

3. Mailing Address

63 W. MAIN ST

Suite, Apt. #, etc.

City & State

APOPKA, FL

Zip

32703

Country

ORANGE

City & State

APOPKA FL

Zip

32703

Country

ORANGE

4. FEI Number

59-3622448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BAKER, JOHN W
 126 INGRAM CIRCLE
 LONGWOOD FL 32746

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, 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	President	<input type="checkbox"/> Delete
NAME	John Baker	
STREET ADDRESS	126 INGRAM CIRCLE	
CITY-ST-ZIP	LONGWOOD 32709	
TITLE	THESURE	<input type="checkbox"/> Delete
NAME	MARION A FRANCIS	
STREET ADDRESS	1195 SUNSET DR.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
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
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
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)(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

4-20-2000 407-389-0963

Date

Daytime Phone #

CR2E034 (9/99)