

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # AMENDMENT
1. Entity Name P990000046310
NEW MILLENNIUM CONSTRUCTION, INC

FILED

00 MAY -9 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 5020 W. CYPRESS ST.
SUITE 250
TAMPA FLORIDA 33607 USA

Mailing Address 5020 W. CYPRESS ST.
SUITE 250
TAMPA FLORIDA, 33607
USA.

2. Principal Place of Business 5020 W. CYPRESS ST.
Suite, Apt. #, etc.
SUITE 250

3. Mailing Address 5020 W. CYPRESS ST.
Suite, Apt. #, etc.
SUITE 250

City & State TAMPA, FLORIDA

City & State TAMPA, FLORIDA

Zip 33607 **Country** USA

Zip 33607 **Country** USA

4. FEI Number 59-3579076

Applied For ☐ **Not Applicable** ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARCY SINGLETON, C.P.A.
208 SOUTH MACDILL AVE.,
TAMPA, FLORIDA, 33609

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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>PRESIDENT</u> <input checked="" type="checkbox"/> Delete	TITLE <u>PRESIDENT</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <u>RICK CHAMPOUX</u>	NAME <u>MARCIA KELLY</u>
STREET ADDRESS <u>2748 BRATTLE LANE</u>	STREET ADDRESS <u>2748 BRATTLE LANE</u>	CITY-ST-ZIP <u>CLEARWATER, FLORIDA 33761</u>	CITY-ST-ZIP <u>CLEARWATER, FLORIDA 33761</u>
TITLE <u>VICE PRESIDENT</u> <input type="checkbox"/> Delete	TITLE <u>TREASURER</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <u>CARMELLO PUGLISI</u>	NAME <u>MARCIA KELLY</u>
STREET ADDRESS <u>438 STATE ROAD 579</u>	STREET ADDRESS <u>2748 BRATTLE LANE</u>	CITY-ST-ZIP <u>SEFNER, FLORIDA 33584</u>	CITY-ST-ZIP <u>CLEARWATER, FLORIDA 33761</u>
TITLE <u>VICE PRESIDENT</u> <input type="checkbox"/> Delete	TITLE <u>SECRETARY</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <u>MARCIA KELLY</u>	NAME <u>MARCIA KELLY</u>
STREET ADDRESS <u>2748 BRATTLE LANE</u>	STREET ADDRESS <u>2748 BRATTLE LANE</u>	CITY-ST-ZIP <u>CLEARWATER, FLORIDA 33761</u>	CITY-ST-ZIP <u>CLEARWATER, FLORIDA 33761</u>
TITLE <u>SECRETARY</u> <input checked="" type="checkbox"/> Delete	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <u>CARMELLO PUGLISI</u>	
STREET ADDRESS <u>438 STATE ROAD 579</u>	STREET ADDRESS _____	CITY-ST-ZIP <u>SEFNER FLORIDA 33584</u>	
TITLE <u>TREASURER</u> <input checked="" type="checkbox"/> Delete	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <u>RICK CHAMPOUX</u>	
STREET ADDRESS <u>2748 BRATTLE LANE</u>	STREET ADDRESS _____	CITY-ST-ZIP <u>CLEARWATER, FLORIDA 33761</u>	
TITLE <u>ASSISTANT SECRETARY</u> <input type="checkbox"/> Delete	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <u>MARCIA KELLY</u>	
STREET ADDRESS <u>2748 BRATTLE LANE</u>	STREET ADDRESS _____	CITY-ST-ZIP <u>CLEARWATER, FLORIDA 33761</u>	

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 Marcia Kelly **5/2/00** **813-639-0572**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/99)