May-29-02 07:24A P.01

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED UBR FILED

02 JUN 27 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000046310

1. Entity Name: NEW MILLENNIUM CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business: 5020 WEST CYPRESS ST.
Suite, Apt. #, etc.: SUITE #250
City & State: TAMPA, FLORIDA
Zip: 33607 Country: USA

3. Mailing Address: 5020 W. CYPRESS ST.
Suite, Apt. #, etc.: SUITE #250
City & State: TAMPA, FLORIDA
Zip: 33607 Country: USA

4. FEI Number: 59-3579076 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: RICK CHAMPOUX
Street Address (P.O. Box Number is Not Acceptable): 5020 W. CYPRESS ST.
SUITE #250
City: TAMPA FL Zip Code: 33607

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: RICK CHAMPOUX [signature] DATE: 5/29/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

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	MARCIA KELLY-CHAMPOUX
STREET ADDRESS	2748 BRATTLE LANE
CITY-ST-ZIP	CLEARWATER FL. 33761
TITLE	TREASURER
NAME	MARCIA KELLY-CHAMPOUX
STREET ADDRESS	2748 BRATTLE LANE
CITY-ST-ZIP	CLEARWATER, FL. 33761
TITLE	SECRETARY
NAME	MARCIA KELLY-CHAMPOUX
STREET ADDRESS	2748 BRATTLE LANE
CITY-ST-ZIP	CLEARWATER, FL. 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: MARCIA KELLY-CHAMPOUX [signature] Date 5/29/02 813-639-0572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR