## 2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## DOCUMENT # P99000047821 Sep 18, 2000 8:00 am Secretary of State 1. Entity Name MILLENNIUM SERVICES INK, INCORPORATED 09-18-2000 90016 023 \*\*\*150.00 Principal Place of Business Mailing Address 1005 SEAWAY DRIVE 1005 SEAWAY DRIVE FORT PIERCE FL 34949 FORT PIERCE FL 34949 2. Principal Place of Business Suite, Apt. # etc. Suite, Apt. #, etc. () DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALVICK, STANLEY J Street Address (P.O. Box Number is Not Acceptable) 1005 SEAWAY DRIVE FORT PIERCE FL 34949 Zip Code ed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Change Addition TITLE ☐ Delete WALVICK, STANLEY J NAME NAME STREET ADDRESS 1724 COCONUT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT PIERCE FL 34949 Addition TITLE □ Delete TITLE Change WALVICK, CYNTHIA L NAME NAME STREET ADDRESS 1724 COCONUT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34949 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

## MSI DHOCHMENT DOCH 19900047821

Fo Whom It May Concern.

This is the second time Live sent this information and him not secured my concelled that back. I called and spale to a representative at the state office and she recommended I refile and overnight the information. Here note our new address.

Mark John Miller L.