

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047821

1. Entity Name

MILLENNIUM SERVICES INK, INCORPORATED

Principal Place of Business

505 GEORGIA AVE
FORT PIERCE FL 34950

Mailing Address

505 GEORGIA AVE
FORT PIERCE FL 34950

2. Principal Place of Business

101 S U.S. Hwy 1
Suite, Apt. #, etc.

3. Mailing Address

101 S U.S. Hwy 1
Suite, Apt. #, etc.

City & State

Fort Pierce Fl.

City & State

Fort Pierce Fl.

Zip

34950

St Lucie

Zip

34950

St Lucie

6. Name and Address of Current Registered Agent

WALVICK, STANLEY J

1005 SEAWAY DRIVE
FORT PIERCE FL 34949

34950

4. FEI Number

65-0978288

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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, 2001 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 D ☐ Delete
NAME WALVICK, STANLEY J
STREET ADDRESS 1724 COCONUT DRIVE
CITY-ST-ZIP FORT PIERCE FL 34949

TITLE D ☐ Delete
NAME WALVICK, CYNTHIA L
STREET ADDRESS 1724 COCONUT DRIVE
CITY-ST-ZIP FORT PIERCE FL 34949

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Stanley J. Walwick

Stanley J. Walwick

4-3-01

561 460 1521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

UN35539

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90096 009 ***150.00

C0052026



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