

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051937

1. Entity Name
MILLENNIUM IMAGING, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90036 009 ***150.00

Principal Place of Business
7412 6TH AVE., N.W.
BRADENTON FL 34209

Mailing Address
7412 6TH AVE., N.W.
BRADENTON FL 34209-1531



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
506 - 4TH AVENUE, WEST
Suite, Apt. #, etc.

3. Mailing Address
506 - 4TH AVENUE, WEST
Suite, Apt. #, etc.

City & State
Palmetto, FL

City & State
Palmetto, FL

Zip
34221

Country
USA

Zip
34221

Country
USA

4. FEI Number
65-0927729

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KIRTLEY, WILLIAM T
2940 S. TAMiami TRAIL
SARASOTA FL 34239

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR JOSEPH E. LADIK JR. 2005 - 20TH STREET, COURT BRADENTON, FL 34205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT, TREASURER, DIRECTOR GARY W. AUCOIN 506 - 4TH AVE. N. PALMETTO, FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY, DIRECTOR JOHN G. CAGNINA 306 - 73RD STREET ANNA MARIA, FL 34218	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: GARY W. AUCOIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/24/2000 Daytime Phone # (941) 294-2305

CR2E034 (9/99)