

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058104

1. Entity Name
MILLENNIUM ELECTRIC, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90189 028 ***150.00

656423



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 9646
NAPLES FL 34101

P.O. BOX 9646
NAPLES FL 34101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3592094**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAYNE, SIMONE
364 LOGAN BLVD.
NAPLES FL 34119

Name **WAYNE, SIMONE**

Street Address (P.O. Box Number is Not Acceptable)

3200 BAILEY LANE

City **NAPLES**

FL

Zip Code **34105**

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 **SIMONE WAYNE, VP**

4/27/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WAYNE, ROBERT**
STREET ADDRESS **PO BOX 9646**
CITY-ST-ZIP **NAPLES FL 34101**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **WAYNE, SIMONE**
STREET ADDRESS **PO Box 9646**
CITY-ST-ZIP **NAPLES, FL 34101**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIMONE WAYNE, VP**

4/27/01

941-643-6767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)