## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # **P9900060460** 05-15-2001 90124 043 \*\*\*150.00 MILLENNIAL SERVICES, INC. Principal Place of Business Mailing Address 5631 KNIGHTHURST WAY 5631 KNIGHTHURST WAY DAVIE FL 33331 DAVIE FL 33331 D0052608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0932545 Not Applicable Zip Country Country \$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 FIEBELKORN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 5631 KNIGHTHURST WAY DAVIE FL 33331 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE Addition TITLE ☐ Delete FIEBELKORN, ROBERT NAME NAME STREET ADDRESS 5631 KNIGHTHURST WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33331 ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STRFFT ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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SIGNATURE:

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STREET ADDRESS CITY-ST-ZIP

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AND TYPED OR PHINTENAME OF SIGNING OFFICER OR DIRECTOR

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