

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90140 001 ***150.00

DOCUMENT # 999000069752
Entity Name
Millennium Electrical Contracting, Inc.

Principal Place of Business
212 34th Avenue S.
Jacksonville Beach, FL
32250

Mailing Address
212 34th Avenue S.
Jacksonville Beach, FL
32250

Principal Place of Business
3727 Spring Park Road

3. Mailing Address
3727 Spring Park Road

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32207

Country
USA

Zip
32207

Country
USA

4. FEI Number
59-3591342

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Howard J. Smith
One San Jose Place
Suite 31
Jacksonville, FL 32257

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 Howard J. Smith 4/24/00
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**

1. OFFICERS AND DIRECTORS

TITLE <u>Director</u>	<input type="checkbox"/> Delete
NAME <u>Richard J. Johnston</u>	
STREET ADDRESS <u>212 34th Avenue S.</u>	
CITY-ST-ZIP <u>Jacksonville Beach, FL 32250</u>	
TITLE <u></u>	<input type="checkbox"/> Delete
NAME <u></u>	
STREET ADDRESS <u></u>	
CITY-ST-ZIP <u></u>	
TITLE <u></u>	<input type="checkbox"/> Delete
NAME <u></u>	
STREET ADDRESS <u></u>	
CITY-ST-ZIP <u></u>	
TITLE <u></u>	<input type="checkbox"/> Delete
NAME <u></u>	
STREET ADDRESS <u></u>	
CITY-ST-ZIP <u></u>	
TITLE <u></u>	<input type="checkbox"/> Delete
NAME <u></u>	
STREET ADDRESS <u></u>	
CITY-ST-ZIP <u></u>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <u>Director, President, Treasurer</u>	<input type="checkbox"/> Addition
NAME <u>Richard J. Johnston</u>	
STREET ADDRESS <u>3727 Spring Park Road</u>	
CITY-ST-ZIP <u>Jacksonville, FL 32207</u>	
TITLE <u>Vice President</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <u>David W. Gerry</u>	
STREET ADDRESS <u>3727 Spring Park Road</u>	
CITY-ST-ZIP <u>Jacksonville, FL 32207</u>	
TITLE <u>Secretary</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <u>Howard J. Smith</u>	
STREET ADDRESS <u>One San Jose Place, Suite 31</u>	
CITY-ST-ZIP <u>Jacksonville, FL 32257</u>	
TITLE <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u></u>	
STREET ADDRESS <u></u>	
CITY-ST-ZIP <u></u>	
TITLE <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u></u>	
STREET ADDRESS <u></u>	
CITY-ST-ZIP <u></u>	

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: Howard J. Smith 4/24/00
(904) 268-7155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #