2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079197 Jul 07, 2000 8:00 am Secretary of State 1. Entity Name STAR MILLENNIUM GROUP, INC. 07-07-2000 90148 026 ***150.00 Principal Place of Business Mailing Address 124 HIDDEN OAK DR 124 HIDDEN OAK DR LONGWOOD FL 32779-4947 LONGWOOD FL 32779 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEIMAN, NEIL M Street Address (P.O. Box Number is Not Acceptable) 124 HIDDEN OAK DR LONGWOOD FL 32779 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, 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 After MAY 1, 2000 Fee will be \$550,00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Addition TITLE ☐ Delete TITLE PEIMAN, NEIL M NAME NAME STREET ADDRESS 124 HIDDEN OAK DR STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete Velson, James S TITLE NAME NAME 1428 Litchem 200. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ~ ☐ Delete -TITLE TITLE NAME -reiman. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WAYE OF SIGNING OFFICER OR DIRECTOR

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