

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079245

1. Entity Name

THE MILLENNIUM BENEFITS GROUP, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90145 005 ***150.00

Principal Place of Business

Mailing Address

13262 WHITEHAVEN LANE
606
MYERS FL 33912

13262 WHITEHAVEN LANE
UNIT 606
FORT MYERS FL 33912-1577

2. Principal Place of Business

3. Mailing Address

8695 COLLEGE PARKWAY

8695 COLLEGE PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

268

268

City & State

City & State

FT. MYERS FLORIDA

FT. MYERS FLORIDA

Zip

Zip

33919

Country

Country

USA

33919

Country

USA

4. FEI Number

65-0948101

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

KING, CRAIG D
1700 MEDICAL LANE
FORT MYERS FL 33907

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

PRESIDENT
DUANE L. STEINLE JR
13262 WHITEHAVEN LANE # 606
FORT MYERS FL 33912

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DUANE L. STEINLE JR, President 4/24/2000 941 561-2263

CR2E034 (9/99)