

2000 UNIFORM BUSINESS REPORT (UBR)

8/

DOCUMENT # P99000083038

1. Entity Name

SLS MILLENIUM, INC.

Principal Place of Business

C/O 1639 E. CAPE CORAL PARKWAY
SUITE 103
CAPE CORAL FL 33904

Mailing Address

C/O 1639 E. CAPE CORAL PARKWAY
SUITE 103
CAPE CORAL FL 33904

2. Principal Place of Business

C/O Beverly Parry

3. Mailing Address

C/O Beverly Parry

Suite, Apt. #, etc.

1411 E. Cape Coral Pkwy

Suite, Apt. #, etc.

1411 E. Cape Coral Pkwy

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip 33904

Country USA

Zip 33904

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

- Applied For

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, CHRISTINE F
1105 CAPE CORAL PARKWAY, EAST
SUITE C
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name Beverly Parry

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

1411 E. Cape Coral Pkwy

City

Cape Coral

FL

Zip Code

33904

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

B. Parry

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

July 14, 2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	JAENTSCHI, KARL LORENZ	
STREET ADDRESS	1320 S.E. 31ST STREET	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF KARL LORENZ JAENTSCHI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-00

Date

Daytime Phone #

CR2E034 (5/00)