

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91157 042 ***150.00

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DOCUMENT # P99000083038

1. Entity Name
SLS MILLENIUM, INC.



Principal Place of Business
C/O BEVERLY PARYS c/o Denise
1411 E. CAPE CORAL PARKWAY 4714
CAPE CORAL FL 33904 Del Prado Blvd
US

Mailing Address
C/O BEVERLY PARYS c/o Denise
1411 E. CAPE CORAL PARKWAY 4714 Del Prado Blvd
CAPE CORAL FL 33904
US



2. Principal Place of Business
4714 Del Prado Blvd S
Suite, Apt. #, etc.

3. Mailing Address
4714 Del Prado Blvd S
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Cape Coral, FL
Zip
33904 Country
USA

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Cape Coral, FL
Zip
33904 Country
USA

4. FEI Number **APPLIED FOR**
43-1949058

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

6. Name and Address of Current Registered Agent

PARYS, BEVERLY
1411 E. CAPE CORAL PARKWAY 4714 Del Prado Blvd
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name
Denise Ciancaglini
Street Address (P.O. Box Number is Not Acceptable)
4714 Del Prado Blvd S
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Denise Ciancaglini**
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)