## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 27, 2002 8:00 am Secretary of State P99000089742 DOCUMENT # 1. Entity Name MILLENNIUM GENERATION, INC. 05-27-2002 90393 017 \*\*\*150.00 Mailing Address Principal Place of Business 736 LITCHFIELD LANE 736 LITCHFIELD LANE DUNEDIN FL: 34698: DUNEDIN FL 34698 2. Principal Place of Business 3. Mailing Address AVE. N 150 Missouki 150 HISSOURI Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3601931 F١ LARGO Not Applicable LARGO Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 33770 Fee Required 33770 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KENNETH J. HESSLER HESSLER, KENNETH J Street Address (P.O. Box Number is Not Acceptable) 736 LITCHFIELD LANE **DUNEDIN FL 34698** ARGO 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. 4-29-0 2 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, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. 🔼 Change Addition TITLE ☐ Delete TITLE HESSLER, KENNETH 50 MISSOURI AUE. N Hessler, Kenneth NAME 736 LITEHFIELD LN STREET ADDRESS STREET ADDRESS LARGO, FN 33770 Dunedin Fl 34698 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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

SIGNATURE:

CITY-ST-ZIP

KENNETH J. HESSIER

**FILED**