

2000 UNIFORM BUSINESS REPORT (UBR)

8

FILED
Sep 12, 2000 8:00 am
Secretary of State

08-25-2000 90007 021 ***550.00

DOCUMENT # P99000098383

1. Entity Name

MILLENNIUM REALTY SERVICES, INC.

Principal Place of Business

247 N. COLLIER BOULEVARD
 MARCO ISLAND FL 34145

Mailing Address

247 N. COLLIER BOULEVARD
 MARCO ISLAND FL 34145

2. Principal Place of Business

800 Laurel Oak Drive
 Suite 200
 Naples, FL

3. Mailing Address

800 Laurel Oak Dr.
 Suite 200
 Naples, FL

City & State

Naples, FL
 Zip 34108 Country USA

City & State

Naples, FL
 Zip 34108 Country USA

4. FEI Number

59-3629178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MORRIS, WILLIAM G
 247 N. COLLIER BOULEVARD
 SUITE 202
 MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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 \$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-PR	<input type="checkbox"/> Delete
NAME	TORBUSH, VICKI	
STREET ADDRESS	26930 WYNDHURST COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
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	President, V-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY TREASURY	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/00

Daytime Phone #

CR2E034 (5/00)