

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**  
 02-21-2002 90029 003 \*\*\*150.00

**DOCUMENT # P99000102558**

1. Entity Name  
**MILLENNIUM INSTALLATION & MAINTENANCE, INC.**

Principal Place of Business

**C/O EARL N CLARKE  
 457 SW ASTER RD  
 PT ST LUCIE FL 34953**

Mailing Address

**C/O EARL N CLARKE  
 457 SW ASTER RD  
 PT ST LUCIE FL 34953**

2. Principal Place of Business

**6330 NW TOPAZ Way**

3. Mailing Address

**6330 NW TOPAZ Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PSC - FL**

City & State

**PSC FL**

Zip

**3498**

Country

**ST LUCIE**

Zip

**34988**

Country

**ST-LUCIE**

6. Name and Address of Current Registered Agent

**EDGE, JOSEPH  
 C/O THE TAX SHOPPE  
 932 SW BAYSHORE BLVD  
 PT ST LUCIE FL 34983**

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 \$150.00  
 After May 1, 2002 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CLARKE, EARL N</b>	
STREET ADDRESS	<b>457 SW ASTER RD</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34953</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CLARKE, CAROL J</b>	
STREET ADDRESS	<b>457 SW ASTER RD</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34953</b>	
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	
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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:

**EARL N. CLARKE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)