

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90064 019 \*\*\*150.00

**DOCUMENT #** P99000110358

1. Entity Name

NEW MILLENNIUM HEALTHCARE, INC.

Principal Place of Business

Mailing Address

4831 Chancellor St. N.E. 4831 Chancellor St. N.E.  
 St. Petersburg, Fl. 33703 St. Petersburg, Fl. 33703

2. Principal Place of Business

2038 Iowa Ave. N.E.

Suite, Apt. #, etc.

3. Mailing Address

2038 Iowa Ave. N.E.

Suite, Apt. #, etc.

**00056632**

DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, Fl.

City & State

St. Petersburg, Fl.

4. FEI Number

59-3616449

Applied For

Not Applicable

Zip  
33703

Country

Zip  
33703

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Schaefer, Michael T.  
 4831 Chancellor St. N.E.  
 St. Petersburg, Fl. 33703

Name

Schaefer, Michael T.

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

2038 Iowa Ave. N.E.

City

St. Petersburg

FL

Zip Code

33703

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

*Michael T. Schaefer*

Michael Schaefer, Pres.

4/23/01

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 WITH FEE IS \$150.00**  
**After MAY 1, 2001 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 P  
 NAME Schaefer, Michael T. ☐ Delete  
 STREET ADDRESS 4831 Chancellor St. N.E.  
 CITY-ST-ZIP St. Petersburg, Fl. 33703

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
 NAME Schaefer, Michael T.  
 STREET ADDRESS 2038 Iowa Ave. N.E.  
 CITY-ST-ZIP St. Petersburg, Fl. 33703

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Michael T. Schaefer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 MICHAEL SCHAEFER, Pres.

Date

Daytime Phone #

CR2E034 (11/00)