

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90232 024 \*\*\*150.00

**DOCUMENT # F95000002832**

1. Entity Name  
**R.P. MULLER, INC.**

Principal Place of Business <b>88 NE 5TH AVE          DELRAY BEACH FL 33483</b>	Mailing Address <b>88 NE 5TH AVE          DELRAY BEACH FL 33483</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0591107</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SCHONE, LARRY**  
**50 SE 4TH AVE**  
**DELRAY BEACH FL 33483**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**86 NE 5th Ave.**  
 City **DELRAY BEACH** FL Zip Code **33483**

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 *Larry Schone* DATE 2/7/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAYES, BRENDA</b> <b>6116 TERA ROSA CIRCLE</b> <b>BOYNTON BEACH FL 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JONES, DEBORAH</b> <b>C/O BRENDA HAYES @ 6116 TERA ROSA CIRCLE</b> <b>BOYNTON BEACH FL 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MULLER, KEVIN</b> <b>C/O BRENDA HAYES @ 6116 TERA ROSA CIRCLE</b> <b>BOYNTON BEACH FL 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MULLER, RALPH P</b> <b>C/O BRENDA HAYES @ 6116 TERA ROSA CIRCLE</b> <b>BOYNTON BEACH FL 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CALEDONIAN BANK &amp; TRUST LIMITED</b> <b>P.O. BOX 1043 N/A</b> <b>GRAND CAYMAN/CAYMAN ISLANDS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE 2-7-01 DAYTIME PHONE # 561-278-2294  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)