## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000057993**

1. Entity Name

## MULLEN CHARTERING AND CONSULTING, INC.



**FILED** Sep 15, 2000 8:00 am Secretary of State

09-15-2000 90014 037 \*\*\*150.00

Principal Place of Business

Mailing Address

1516 S W 5TH STREET FORT LAUDERDALE FL 33312 1516 S W 5TH STREET FORT LAUDERDALE FL 33312

| Zip<br><b>6.</b> _N            | Country  Jame and Address of Co | Zip<br>urrent Registered Agent | Country             | 5. Certificate of St 7. Name and Add |  |
|--------------------------------|---------------------------------|--------------------------------|---------------------|--------------------------------------|--|
| City & State                   | · · - <del></del>               | City & State                   |                     | 4. FEI Number                        |  |
| Suite, Apt. #, etc.            |                                 | Suite, Apt. #, et              | 1 (1141(114) (118)) |                                      |  |
| 2. Principal Place of Business |                                 | 3. Mailing Addres              |                     |                                      |  |

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|   |  | 1                    |  |                        | 1   |                          |                |                    |                |
|---|--|----------------------|--|------------------------|---|--------------------------|----------------|--------------------|----------------|
| City & State  |  | City & State         | City & State 4.                                  |                        | 4. FEL Nui  | FEI Number 65- 093360 \  |                |                    | Applied For    |
|   |  |                      |  |                        | 627   | 0135601                  |                |                    | Not Applicable |
| Zip   | Country  | Zip                  | Zip Country                                      |                        | 5. Certific                                       | ate of Status Desired    | 1 1 7          | 8.75 A<br>ee Requi |                |
|   | 6. Name and Address of Curre                           | ent Registered Agent | · · · · · · · · · · · · · · · · · · ·            |                        | 7. Name a   | and Address of New F     | Registered A   | gent.              |                |
|   |  |                      |  | Name                   |   | -                        |                |                    |                |
| 1516 5  | EN, MICHAEL R<br>S W 5TH STREET<br>LAUDERDALE FL 33312 |                      |  | Street Address         | (P.O. Box Nur                                     | mber is Not Acceptable   | e)             |                    |                |
| ï   |  |                      |  | City                   |   |                          | FL             | Zip Co             | de             |
| SIGNATURE   | med entity submits this statemen                       |                      |  | ered office or registe |   |                          | orida.<br>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 After SEPTEMBER 13, 2000 Make Check Payable to De |  |                      | O Min. will be \$750.00 Trust Fund Contribution. |                        |   | .00 May Be<br>ed to Fees |                |                    |                |
| 11.   | OFFICERS AT  | ND DIRECTORS         | 12   |                        | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                          |                |                    | RS IN 11       |
| TITLE   | D  |                      | elete TIT  | LE O'C                 | sident  | and Virect               | OF^            | Change             | Addition       |

| 11.            | OFFICERS AND DIRECTORS   |        | 12.            | ADDITIONS/CHANGE   | S TO OFFICERS AN | D DIRECTORS     | IN 11      |
|----------------|--------------------------|--------|----------------|--|------------------|-----------------|------------|
| TITLE          |                          | Delete | TITLE          | President and 1  | director         | <b>E</b> Change | ☐ Addition |
| NAME           | MULLEN, MICHAEL R        |        | NAME           | Mullen, Michael  | K.,              |                 | 1          |
| STREET ADDRESS | 1516 S W 5TH STREET      |        | STREET ADDRESS | Mullen, Michael<br>1516 Sw 5th   | street           |                 | İ          |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33312 |        | CITY-ST-ZIP    | Fort Landerdali  | , FL 3331        | 2               |            |
| TITLE          |                          | Delete | TITLE          | Secretary<br>Joan Mullen   | •                | Change          | Addition   |
| NAME           |                          |        | NAME           | Joan Mu'llen   | đ                |                 | :          |
| STREET ADDRESS |                          |        | STREET ADDRESS | 1516 SW 514 St   | reet             |                 |            |
| CITY-ST-ZIP    |                          |        | CITY-ST-ZIP    | Fort Lauderdale  | ,FL 333          | 12_             |            |
| TITLE          |                          | Delete | TITLE,         | and the same and t |                  | Change          | . Addition |
| NAME           |                          |        | NAME           |  |                  |                 | İ          |
| STREET AODRESS |                          |        | STREET ADDRESS |  |                  |                 | j          |
| CITY-ST-ZIP    |                          |        | CITY-ST-ZIP    |  |                  |                 |            |
| TITLE          |                          | )elete | TITLE          |  |                  | ☐ Change        | ☐ Addition |
| NAME           |                          |        | NAME           |  |                  |                 |            |
| STREET ADDRESS |                          |        | STREET ADDRESS |  |                  |                 |            |
| CITY-ST-ZIP    |                          |        | CITY-ST-ZIP    |  |                  |                 |            |
| TITLE          |                          | Delete | TITLE          |  |                  | ☐ Change        | Addition   |
| NAME           |                          |        | NAME           |  |                  |                 |            |
| STREET ADDRESS |                          |        | STREET ADDRESS |  |                  |                 |            |
| CITY-ST-ZIP    |                          | •      | CITY-ST-ZIP    |  |                  |                 |            |
| TITLE          |                          | Delete | TITLE          |  |                  | ☐ Change        | Addition   |
| NAME           |                          |        | NAME           |  |                  |                 |            |
| STREET ADDRESS | •                        |        | STREET ADDRESS |  |                  |                 | ļ          |
| CITY-ST-ZIP    |                          |        | 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: (

| 45UCU AI              | WREBBO                    | UIRED               |
|-----------------------|---------------------------|---------------------|
| SIGNATURE AND TYPED C | R PRINTED NAME OF SIGNING | OFFICER OR DIRECTOR |

## Mullen Chartering & Consulting, Inc.

1516 SW 5th Street Fort Lauderdale, Florida 33312 (954) 525-3256 www,drmullen.com

Katherine Harris Secretary of State **Division of Corporations** PO Box 6327 Tallahassee, FL 32302-1500

Dear Secretary Harris:

Last year I formed a new Sub-S Corporation for a part time business. Unfortunately I did not receive the first mailing requiring the Annual Report now referred to as the Uniform Business Report. I was on sabbatical as an International Business Professor at Florida Atlantic University in Fort Lauderdale serving as Lecturer of International Management at the Judge Institute of Management Studies of the University of Cambridge, England. I recently returned to work in Florida and discovered this required report which is enclosed.

On calling your office I was advised to submit this letter and a fee for \$150 given that I did not receive the first request. Thank you for your understanding and waiving the late fee of \$400.

Sincerely,

Michael R. Mullen, Ph.D.

President