

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90087 021 \*\*\*150.00

**DOCUMENT # 235618**

1. Entity Name  
**JACK MUELLER & ASSOCIATES, INC.**



Principal Place of Business  
**9450 SUNSET DRIVE  
SUITE 200  
MIAMI FL 33173**

Mailing Address  
**9450 SUNSET DRIVE  
SUITE 200  
MIAMI FL 33173**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0902541**

Applied For  
Not Applicable

Zip Country

Zip 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

**MUELLER JR., JOHN W.  
9450 SUNSET DRIVE, SUITE 200  
MIAMI FL 33173**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete  
NAME **TEAGARDEN, ROBIN D JR**  
STREET ADDRESS **9450 SUNSET DR STE 200**  
CITY- ST- ZIP **MIAMI FL 33173**

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

TITLE **PDT** ☐ Delete  
NAME **MUELLER JR, JOHN W**  
STREET ADDRESS **9450 SUNSET DR**  
CITY- ST- ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9450 SUNSET DRIVE, STE 200**  
CITY- ST- ZIP **MIAMI, FL 33173**

TITLE **S** ☐ Delete  
NAME **MUELLER, SUSAN A**  
STREET ADDRESS **9450 SUNSET DR**  
CITY- ST- ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9450 SUNSET DRIVE, STE 200**  
CITY- ST- ZIP **MIAMI, FL 33173**

TITLE **VP** ☐ Delete  
NAME **MURPHY, PATRICK J**  
STREET ADDRESS **9450 SUNSET DR**  
CITY- ST- ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9450 SUNSET DRIVE, STE 200**  
CITY- ST- ZIP **MIAMI, FL 33173**

TITLE **AS** ☐ Delete  
NAME **JOHNSON, KIMBERLY A**  
STREET ADDRESS **9450 SUNSET DR, SUITE 200**  
CITY- ST- ZIP **MIAMI FL 33173**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **FATORA, KIMBERLY J.**  
CITY- ST- ZIP

TITLE **VP** ☐ Delete  
NAME **MORGENROTH, THOMAS**  
STREET ADDRESS **9450 SUNSET DR., STE 200**  
CITY- ST- ZIP **MIAMI FL 33173**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ **W. MUELLER JR** 3-4-03 (305) 279-5555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)