

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 445198

1. Entity Name

MULFORD & SONS, INC.

FILED

Feb 09, 2001 8:00 am  
Secretary of State

02-09-2001 90221 015 \*\*\*150.00

Principal Place of Business

2374 OLD HWY 60 W  
MULBERRY FL 33860

Mailing Address

PO BOX 271  
MULBERRY FL 33860

00010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1509356

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

MULFORD, ANDREW B  
6314 WOODHAVEN DR  
LAKELAND FL 33811

Name

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

37 Wood Hall Drive

Mulberry

City

FL

Zip Code

33860

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete  
NAME MULFORD, ANDREW B.  
STREET ADDRESS 6314 WOODHAVEN DR.  
CITY-ST-ZIP LAKELAND FL

TITLE ☒ Change ☐ Addition  
NAME   
STREET ADDRESS 37 Wood Hall Drive  
CITY-ST-ZIP Mulberry, FL 33860

TITLE V ☐ Delete  
NAME MULFORD, JANICE L.  
STREET ADDRESS 6314 WOODHAVEN DR.  
CITY-ST-ZIP LAKELAND FL

TITLE ☒ Change ☐ Addition  
NAME   
STREET ADDRESS 37 Wood Hall Drive  
CITY-ST-ZIP Mulberry, FL 33860

TITLE T ☐ Delete  
NAME MULFORD SR., WILLIAM D.  
STREET ADDRESS 6009 CREWS LAKE ROAD  
CITY-ST-ZIP LAKELAND FL 33813

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

TITLE ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME   
STREET ADDRESS   
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:

*Janice L. Mulford V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)