

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90152 049 ***150.00

DOCUMENT # 515419

1. Entity Name
NULL'S BUSINESS SERVICE, INC.

Principal Place of Business Mailing Address
12525 GREEN OAK LANE **P.O. BOX 1866**
DADE CITY FL 33525 **DADE CITY FL 33525**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
38040 MERIDIAN AVE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
DADE CITY FL

City & State

4. FEI Number Applied For
59-1697318 Not Applicable

Zip Country Zip Country
33525 **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, KAREN
12525 GREEN OAK LANE
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name **KAREN O. PATTERSON**

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

38040 MERIDIAN AVE

City **DADE CITY** **FL** Zip Code **33525**

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 *Karen O. Patterson*

DATE **2/12/02**

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, 2002 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 **PSTD** Delete
NAME **PATTERSON, KAREN**
STREET ADDRESS **12525 GREEN OAK LANE**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **SECRETARY** Change Addition
NAME **GWYNNE A. YOUNG**
STREET ADDRESS **DNE HARBOR PLACE**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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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: *Karen O. Patterson*

DATE **2/12/02**

DAYTIME PHONE # **352 5676284**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)