

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
 DADE CITY FL 33525**

**P.O. BOX 1866
 DADE CITY FL 33525**

2. Principal Place of Business

3. Mailing Address

38040 MERIDIAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DADE CITY FL

City & State

Zip

33525

Country

USA

Zip

Country

4. FEI Number

59-1697318

Applied For

Not Applicable

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/02

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02

Date

352 5676254

Daytime Phone #

CR2E034 (9/01)