## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 28, 2002 8:00 am Secretary of State DOCUMENT # 568179 1. Entity Name 05-28-2002 91696 046 \*\*\*550 00 MULAZ REALTY CORPORATION Mailing Address Principal Place of Business P O BOX 511658 DATTAGGG P O BOX 511658 PUNTA GORDA FL 33951 PUNTA GORDA FL 33951 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1809815 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired -- - - -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIEFER, DONALD E Street Address (P.O. Box Number is Not Acceptable) 2045 PALM HARBOR TERRACE **PUNTA GORDA FL 33982** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State П (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. (9/04) Change ☐ Addition Delete TITLE TITLE PDT NAME NAME KIEFER, DONALD E CR2E034 STREET ADDRESS STREET ADDRESS 2045 PALM HARBOR TERRACE CITY-ST-ZIP **PUNTA GORDA FL 33982** CITY-ST-ZIP ☐ Addition ☐ Change TITLE Detete TITLE vpsd NAME NAME KANDEFER, KENNETH F STREET ADDRESS STREET ADDRESS 2262 GULF GATE DR CITY-ST-ZIP. --CITY-ST-ZIP-SARASOTA-FL---- ∏ Addition Change Delete TITLE TITLE **VDAS** NAME NAME <del>holmes. Davi</del>d STREET ADDRESS STREET ADDRESS 906 GROVE STREET CITY-ST-ZIP CITY-ST-ZIP CHAPEL HILL NC 27514 ☐ Change ☐ Addition TITLE 707 TITLE NAME NAME KIEFER, M CAROL STREET ADDRESS STREET ADDRESS 2045 PALM HARBOR TERRACE CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33982** ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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: