

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90022 002 \*\*\*150.00

**DOCUMENT # 644686**

1. Entity Name  
**MULDER ENTERPRISES, INC.**

Principal Place of Business <b>4707 CHEROKEE RD TAMPA FL 33629</b>	Mailing Address <b>P O BOX 320935 TAMPA FL 33679 US</b>
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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 **NOT APPLICABLE**

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

**MULDER, KENNETH W  
 4707 CHEROKEE RD  
 TAMPA FL 33629**

Name **SANDRA MULDER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4707 CHEROKEE RD**  
 City **TAMPA FL** Zip Code **33629**

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 *Sandra Mulder* **SANDRA MULDER** **1-7-02**  
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

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TITLE	NAME	TITLE	NAME
VPD	MULDER, KENNETH W. 4707 CHEROKEE RD. TAMPA FL		
PD	MULDER, SANDRA 4707 CHEROKEE RD. TAMPA FL		
STD	MULDER, KENNETH JR. 12057 STONE CROSSING CIR TAMPA FL 33635		
D	MULDER, DAVID G. 2240 BUENA VISTA DR CLEARWATER FL		
D	HICKMAN, RICHARD 4707 CHEROKEE ROAD TAMPA FL 33629		

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: *Sandra Mulder* **SANDRA MULDER** **1-7-02** **813-837-6325**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)