

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 655165

1. Entity Name

MULLET'S ALUMINUM PRODUCTS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90011 015 ***150.00

Principal Place of Business

Mailing Address

905 PONDER AVENUE
SARASOTA FL 34232-632
US

905 PONDER AVE.
SARASOTA FL 34232-6632
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1973181**

Applied For

Not Applicable

Zip

Country

Zip

Country

34232-6632

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

MULLET, FREEMAN
905 PONDER AVE.
SARASOTA FL 34232

Name

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

City

FL

Zip Code

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, 2000 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 ☐ Delete
NAME **V MULLET, ROBERT A.**
STREET ADDRESS **4731 10TH STREET**
CITY-ST-ZIP **SARASOTA, FL 00000**

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

TITLE ☐ Delete
NAME **PD MULLET, FREEMAN**
STREET ADDRESS **7849 SADDLECREEK TRAIL**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15700 Sugar Bowl Rd.**
CITY-ST-ZIP **Myakka City, FL 34251**

TITLE ☐ Delete
NAME **D MULLET, SANDRA FAYE**
STREET ADDRESS **7849 SADDLECREEK TRAIL**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15700 Sugar Bowl Rd.**
CITY-ST-ZIP **Myakka City, FL 34251**

TITLE ☐ Delete
NAME **S SHUE, JOLENE**
STREET ADDRESS **2546 RIVER RIDGE DR**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE ☐ Delete
NAME **D SCHRACK, AMMEN**
STREET ADDRESS **P.O. BOX 20759**
CITY-ST-ZIP **SARASOTA FL 34276**

TITLE ☒ Change ☐ Addition
NAME **SCHROCK, AMMON**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V HOCHSTETLER, LINDEN**
STREET ADDRESS **1726 NELDA LANE**
CITY-ST-ZIP **SARASOTA FL 34232**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Freeman Mullett President

4-19-00 941-371-3502