

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91515 033 \*\*\*150.00

DOCUMENT # **G04609**  
1. Entity Name  
**AREA ERECTORS, INC.**

**DO NOT WRITE IN THIS SPACE**

**643317**

2. Principal Place of Business <b>202 TOWER DRIVE</b> Suite, Apt. #, etc. <b>UNIT B</b> City & State <b>OLDSMAR, FL</b> Zip <b>34677</b> Country <b>U.S.</b>		3. Mailing Address <b>P.O. Box 2153</b> Suite, Apt. #, etc. City & State <b>OLDSMAR, FL</b> Zip <b>34677</b> Country <b>U.S.</b>	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2227710</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>MULLEN, FRANCIS J</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>17810 SIMMS ROAD</b>	
City <b>ODESSA</b>	FL Zip Code <b>33556</b>

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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY - ST - ZIP <b>PSTD MULLEN, FRANCIS J 17810 SIMMS ROAD ODESSA, FL 33556</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>VP BEITZEL, MARK 2124 RIVERIA DRIVE CLEARWATER, FL 34623</b>	TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Frank Mullen Pres FRANK MULLEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/02**  
Date

**813-855-4389**  
Daytime Phone #