**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 15, 2001 8:00 am DOCUMENT # H26275 **Secretary of State** BILL MULLIS ENTERPRISES, INC. 02-15-2001 90057 024 \*\*\*150.00 Principal Place of Business Mailing Address 1801 13TH AVE. EAST 1801 13TH AVE. EAST BRADENTON FL 34208 **BRADENTON FL 34208** UUUI/04/ 2. Principal Place of Business 3. Mailing Address Suite Apt # etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2455253 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NIPPER, TED Street Address (P.O. Box Number is Not Acceptable) 1801 13TH AVENUE EAST **BRADENTON FL 34208** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) Delete ☐ Change ☐ Addition TITLE TITLE MULLIS, WILLIAM J. NAME NAME STREET ADDRESS 1801 13TH AVENUE EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NIPPER, TED NAME NAME STREET ADDRESS 1801 13TH AVENUE EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL TITLE --Delete TITLE ... 🗔 Change Addition. RICHARDSON, ED NAME NAME STREET ADDRESS 1801 13TH AVE E STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BRADENTON FL ☐ Change TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

TCD Light RIED NiPSER 01-12-01 941-748-5215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #