

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H92971

FILED  
Jan 07, 2002 8:00 AM  
Secretary of State

Entity Name: SHARON MULVIE E.A., INC.

## Current Principal Place of Business:

7360 W. COPENHAGEN ST.  
DUNNELLON, FL 34433 US

## New Principal Place of Business:

## Current Mailing Address:

7360 W. COPENHAGEN ST.  
DUNNELLON, FL 34433 US

## New Mailing Address:

FEI Number: 59-2618348

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MULVIE, SHARON  
7360 W. COPENHAGEN ST.  
DUNNELLON, FL 34433 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MULVIE, SHARON,  
Address: 7360 W. COPENHAGEN ST.  
City-St-Zip: DUNELLON, FL

Title: S ( ) Delete  
Name: MULVIE, DAVID,  
Address: 7360 W. COPENHAGEN ST.  
City-St-Zip: DUNELLON, FL

Title: T ( ) Delete  
Name: HASTINGS, MELINDA MULVIE  
Address: 7360 W COPENHAGEN ST  
City-St-Zip: DUNNELLON, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MULVIE, SHARON,  
Address: 7360 W. COPENHAGEN ST.  
City-St-Zip: DUNELLON, FL 34433 US

Title: S (X) Change ( ) Addition  
Name: MULVIE, DAVID,  
Address: 7360 W. COPENHAGEN ST.  
City-St-Zip: DUNELLON, FL 34433 US

Title: T (X) Change ( ) Addition  
Name: HASTINGS, MELINDA MULVIE  
Address: 7360 W COPENHAGEN ST  
City-St-Zip: DUNNELLON, FL 34433 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON MULVIE

DP

01/07/2002

Electronic Signature of Signing Officer or Director

Date