FILED May 15, 2002 8:00 am secretary of State **2002 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # J03222 1. Entity Name 05-15-2002 90026 020 ***150.00 MULLIS EMPLOYEE MANAGEMENT, INC. Principal Place of Business Mailing Address 3201 26TH STREET WEST 3201 26TH STREET WEST **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 960 2600 S. BelCher Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL 59-2579863 _arao Not Applicable 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 Kawis MULLIS, ELVEN D Street Address (P.O. Box Number is Not Acceptable) 3201 26TH STRETT WEST **BRADENTON FL 34205** 2600 S. Belcher Rd 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Addition MULLIS, ELVEN D NAME Edgar O. Bawls NAME 12600 S. Belcher Rd Ste 104 STREET ADDRESS 3201 26TH STREET WEST STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-7IP TITLE SD Delete TITLE NAME **MULLIS, JUDITH R** NAME STREET ADDRESS 3201 26TH STREET WEST STREET ADDRESS CITY-ST-ZIP. __ BRADENTON FL-- ---CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MULLIS, THAD K NAME NAME STREET ADDRESS 4301 11 AVE E. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

18 (26/00 (727) E

(727) 535-2673

Daytime Phone #