

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90386 020 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J03222

1. Entity Name
MULLIS EMPLOYEE MANAGEMENT, INC.



90121031

Principal Place of Business
12600 S BELCHER RD
SUITE 104
LARGO, FL 33773 US

Mailing Address
PO BOX 960
LARGO, FL 33779 US



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

6161 9 ST. N.

3. Mailing Address

6161 9 ST. N.

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33703

Country

USA

Zip

33703

Country

USA

4. FEI Number

59-2579863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAWLS, EDGAR O
12600 S BELCHER RD
STE 104
LARGO, FL 33773

7. Name and Address of New Registered Agent

Name

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

6161 9 ST. N.

203

City

ST. PETERSBURG

FL

Zip Code

33703

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to: Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD. ☐ Delete
NAME RAWLS, EDGAR O
STREET ADDRESS 12600 S BELCHER RD, STE 104
CITY-ST-ZIP LARGO, FL 33773

TITLE S ☐ Delete
NAME RAWLS, KATHLEEN D
STREET ADDRESS 12600 S BELCHER RD, STE 104
CITY-ST-ZIP LARGO, FL 33773

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6161 9 ST. N. #203
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6161 9 ST. N. #203
CITY-ST-ZIP ST. PETERSBURG FL 33703

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

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

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

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

12. 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 10 or Block 11 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

4-30-03 727-520-7676

Date

Daytime Phone #

CR2E034 (10/02)