

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J51026

1. Entity Name

MULLNER DISCOUNT ELECTRONICS CORP.

Principal Place of Business

5225 EDGEWOOD COURT  
JACKSONVILLE FL 32254  
US

Mailing Address

5225 EDGEWOOD COURT  
JACKSONVILLE FL 32254  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2778600

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent

MULLNER, JOHN H., III  
1613 CHAFFEE ROAD SOUTH  
JACKSONVILLE FL 32221

7. Name and Address of New Registered Agent

Name

MULLNER JOHN H. III

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

5225 EDGEWOOD CT

City

JACKSONVILLE

FL

Zip Code

32254

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 P  
NAME MULLNER III, JOHN H.  
STREET ADDRESS 1613 CHAFFEE RD S.  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE ST  
NAME MULLNER, DEBORAH A.  
STREET ADDRESS 1613 CHAFFEE RD. S.  
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 5225 EDGEWOOD CT  
CITY-ST-ZIP JACKSONVILLE, FL 32254 ☒ Change ☐ Addition

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

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

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

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

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

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.

SIGNATURE:

*John H. Mullner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/01  
Date

(904) 693-1500  
Daytime Phone #

FILED  
Feb 27, 2001 8:00 am  
Secretary of State

02-27-2001 90330 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

001895

CR2E034 (10/00)