

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

300666 AV

DOCUMENT # J96037

1. Entity Name
MULLINS AUTO PARTS AND MACHINE, INC.



Principal Place of Business
324 E. 11TH ST
PANAMA CITY FL 32401

Mailing Address
324 E. 11TH ST
PANAMA CITY FL 32401

FILED
03 DEC 17 PM 12:02

SECRETARY OF STATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2849006

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTCHINSON, EDWARD A., JR.
221 MCKENZIE AVE
PANAMA CITY FL 32401

Name

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

City

FL

Zip Code

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]*
Signature, or for printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/15/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MULLINS, JOHN L.
STREET ADDRESS 324 E. 11TH ST
CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ Change ☐ Addition
NAME 400023337444
STREET ADDRESS 09/25/03--01039--005 **750.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 or without other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-22-03 850-769-8366
Date Daytime Phone #

CR2E034 (4/03)