

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K78690

FILED
Jan 03, 2003
Secretary of State

Entity Name: MUELLER & ASSOCIATES, INC.

Current Principal Place of Business:

1000 RIVERSIDE AVENUE
SUITE 400
JACKSONVILLE, FL 32204

New Principal Place of Business:

3063 HARTLEY ROAD
SUITE 6
JACKSONVILLE, FL 32257

Current Mailing Address:

222 LAKEVIEW AVENUE
SUITE 160-224
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-2941652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, JAMES P.
1301 GULF LIFE DR
SUITE 2540
JACKSONVILLE, FL 32207

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MUELLER, MARKUS,
Address: 222 LAKEVIEW AVENUE #160-224
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DST (X) Delete
Name: STEVENS, JAMES P.,
Address: 1614 BERWICK RD
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARKUS MUELLER

DP

01/03/2003

Electronic Signature of Signing Officer or Director

Date