

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2000 08:00 AM**
Secretary of State**DOCUMENT # K81474**

1. Entity Name

MULHOLLEN, INC.

Principal Place of Business

% DALE A. MULHOLLEN
4725 ELDER BERRY DR.
SARASOTA
34241

FL

Mailing Address

% DALE A. MULHOLLEN
4725 ELDER BERRY DR.
SARASOTA
34241

FL

2. Principal Place of Business
% DALE A. MULHOLLEN3. Mailing Address
% DALE A. MULHOLLENSuite, Apt. #, etc.
3914 SWIFT ROADSuite, Apt. #, etc.
4725 ELDER BERRY DR.City & State
SARASOTA

FL

City & State
SARASOTA

FL

Zip
34231Country
USZip
34241Country
US

4. FEI Number

65-0947774

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MULHOLLEN, DALE A.**
4725 ELDER BERRY DR.**SARASOTA**
34241

US

FL

7. Name and Address of New Registered Agent

Name

MULHOLLEN DALE APRES.

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

4725 ELDER BERRY DR.

City

SARASOTA

FL

Zip Code
34241

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 **DALE A. MULHOLLEN**

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

04/25/2000

DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **V** ☐ Delete
NAME **MULHOLLEN, BARBARA A.**
STREET ADDRESS **4725 ELDERBERRY DR**
CITY-ST-ZIP **SARASOTA FL**TITLE **P** ☐ Delete
NAME **MULHOLLEN, DALE A.**
STREET ADDRESS **4725 ELDERBERRY DR**
CITY-ST-ZIP **SARASOTA FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **V** ☒ Change ☐ Addition
NAME **MULHOLLEN BARBARA AV**
STREET ADDRESS **4725 ELDERBERRY DR**
CITY-ST-ZIP **SARASOTA FL 34241**TITLE **P** ☒ Change ☐ Addition
NAME **MULHOLLEN DALE AP**
STREET ADDRESS **4725 ELDERBERRY DR**
CITY-ST-ZIP **SARASOTA FL 34241**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: DALE A. MULHOLLEN

DATE: 04/25/2000