2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am **Secretary of State** DOCUMENT # L01000008512 01-16-2002 90259 047 ****50.00 MULLINS & ASSOCIATES, L.L.C. Principal Place of Business Mailing Address 905754 7179 BOCA GROVE PLACE, UNIT 101 7179 BOCA GROVE PLACE, UNIT 101 **BRADENTON FL 34202** BRADENTON FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLEET, H. BART Street Address (P.O. Box Number is Not Acceptable) 1201 EGLIN PARKWAY SHALIMAR FL 32579 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. 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 \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. **MGRM** CR2E083 (9/01) TITLE Delete TITLE Change ☐ Addition MULLINS, DELNO VIRL NAME NAME STREET ADDRESS STREET ADDRESS 3424 N. SHARON CHURCH ROAD CITY-ST-ZIP CITY-ST-ZIP **LOGANVILLE GA 30052** MGRM TITLE □ Delete TITLE Change Addition NAME **MULLINS. ULRIKE** NAME STREET ADDRESS 3424 SHARON CHURCH ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LOGANVILLE GA 30052** TITLE ☐ Delete TITLE: ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

1. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company op the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.