

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0491331 AV

DOCUMENT # **L92401**

1. Entity Name
MCMULLEN TRANSPORT & DELIVERY, INC.



FILED

03 MAY 13 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**11965 49TH STREET N
CLEARWATER FL 34622**

Mailing Address
**MCMULLEN TRANSPORT & DELIVERY, INC.
P.O. BOX 17357
CLEARWATER FL 34622-0357
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-3074865**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCMULLEN, PAUL
11965 49TH STREET NORTH
CLEARWATER FL 34622**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **MCMULLEN, PAUL**
STREET ADDRESS **11965 49TH ST N**
CITY-ST-ZIP **CLEARWATER FL**

☐ Change ☐ Addition
~~06/04/03--01062--011 **750.00~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
600020530686
06/04/03--01062--011 **750.00

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
78

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 all other like empowered.

SIGNATURE:

Paul McMillen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 (727) 573.0016
Date Daytime Phone #

CR2E034 (10/02)