

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90064 006 ****61.25

DOCUMENT # N37616

1. Entity Name

MULLINS TRAINING CENTER, INC.

Principal Place of Business

Mailing Address

**1049 LONGLEY DRIVE
 PORT CHARLOTTE FL 33953**

**1049 LONGLEY DRIVE
 PORT CHARLOTTE FL 33953-2178**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0182849

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

**MULLINS, VIRGINIA R
 1049 LONGLEY DRIVE
 PORT CHARLOTTE FL 33953**

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 \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MULLINS, VIRGINIA R	
STREET ADDRESS	1049 LONGLEY DRIVE	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLINS, WILLIAM M	
STREET ADDRESS	1049 LONGLEY DRIVE	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, EDNA R	
STREET ADDRESS	1112 NEWELL STREET	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN AMBURG, PATRICIA R	
STREET ADDRESS	6355 FACET LANE	
CITY - ST - ZIP	PT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAWN, KIMBERLY	
STREET ADDRESS	167 AL CONQUIN ST	
CITY - ST - ZIP	PT CHARLOTTE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00

Date

Daytime Phone #

CR2E037 (9/99)