## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N37616**

1. Entity Name

## MULLINS TRAINING CENTER, INC.



**FILED** Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90300 029 \*\*\*\*61.25

Principal Place of Business  1049 LONGLEY DRIVE PORT CHARLOTTE FL 33953		Mailing Address 1049 LONGLEY DRIVE PORT CHARLOTTE FL 33953						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0182849			olied For Applicable
Zip	Country	Zip	Cou	untry	5. Certificate of State		8.75 Addi ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Addre	ss of New Registered Ag	gent	
				Name				
	VIRGINIA R		Street Address (P.O. Box Number is		(P.O. Box Number is No	( Acceptable)		
	IGLEY DRIVE							
PURITUR	ARLOTTE FL 33953						I ar o i	
				City		FL	Zip Code	
	named entity submits this statement for	r the purpose of changing	j its register	red office or regist	ered agent, or both, in the	e State of Florida. I am far	miliar with, a	ind accept
the obligat	ions of registered agent.							
CIONATURE								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (	NOTE: Registere	ed Agent signature requir	red 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 Florida Departn		
10	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND DIRE	ECTORS IN	10
10.	PD OFFICERS AND DIE	Delete	TITL		ADDITIONS/CHANGES		☐ Change	Addition
NAME	MULLINS, VIRGINIA R	□ belete	NAM					
STREET ADDRESS	1049 LONGLEY DRIVE		STRE	EET ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE FL		CITY	Y-ST-ZIP	310 89-10			
TITLE	D	☐ Delete	TITL				OL	☐ Addition   G
NAME	MULLINS, WILLIAM M		NAM			l	☐ Change	
STREET ADDRESS CITY-ST-ZIP						ı	cnange	
O O. L.	1049 LONGLEY DRIVE	i di diperpente d	STRE	EET ADDRESS	e Lagran (1877)	به اوممرسا په حمد در او مينون از	Change	and the second of
TITLE	PORT CHARLOTTE FL	□ Doleto	STRE	EET ADDRESS Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	به الإستنجاري ميوان .	turu n <del>a</del> r	Addition
TITLE NAME	PORT CHARLOTTE FL.	☐ Delete	STRE	EET ADDRESS Y-ST-ZIP	e e e e e e e e e e e e e e e e e e e	به الإستنجاري ميوان .	Change	Addition
NAME	PORT CHARLOTTE FL	☐ Delete	STRE CITY TITL NAM	EET ADDRESS Y-ST-ZIP	r Laguer ( err	به الإستنجاري ميوان .	turu n <del>a</del> r	Addition
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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.

BEQUIPEDINIA R. Mulling President