2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

3. Mailing Address
1512 HIGHWAY
Suite, Apt. # etc.

SURFSIDE BEACH

City & State

P00000017643 **DOCUMENT #**

1. Entity Name MULDER CORP.

Principal Place of Business

2. Principal Place of Business 1512 HIGHWAY Suite, Apt. #, etc.

1201 HAYS STREET

SIGNATURE

1101 PLATT BOULEVARD SURFSIDE BEACH SC 29575

City & State



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90155 011 ***158.75

1101 PLATT BOULEVARD 70001262 SURFSIDE BEACH SC 29575

CHECK HERE IF MAKI	NG CHANGES				
4. FEI Number = 7 4000070	Applied For				
4. FEI Number 57-1093272	Not Applicable				
5. Certificate of Status Desired \$8.75 Additional Fee Required					
7. Name and Address of New Registere	d Agent				
P.O. Box Number is Not Acceptable)					
	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.

USA

Name

City

Street Address

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE'IS \$150.00

CORPORATION SERVICE COMPANY

TALLAHASSEE FL 32301-2525

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be \$550.00

6. Name and Address of Current Registered Agent

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check	Payable to Florida Department of State					
3,0 .	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	IN 11
TITLE NAME STREET ADDRESS	D RUSSELL, NIGEL 1101 PLATT BOULEVARD SURFSIDE BEACH SC 29575	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NIGEL PUSSEUL 1512 HIGHWAY 17 NORTH SURPSIDE BEACH, SC 29515	▼ Change	Addition
TITLE NAME STREET ADDRESS	D MOTTER, S. JEFFERY 1101 PLATT BLVD. SURFSIDE BEACH SC 29575	🔀 Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change	☐ Addition
TITLE ~ - NAME STREET ADDRESS CITY-ST-ZIP	-	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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:

843-232-0128

Daytime Phone #