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## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SHINING OFFICER OR DIRECTOR

## Feb 21, 2001 8:00 am DOCUMENT # P0000025270 **Secretary of State** 1. Entity Name 02-21-2001 90024 001 \*\*\*150.00 MULCHY'S, INC. Principal Place of Business Mailing Address 1688 POST OAK CT. 1688 POST OAK CT. ~ 0 0 1 1 ORANGE PARK FL 32073 **ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable -Country = \_\_ Zip ...Country...... \_Zip \$8.75 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 SAMPSON, TAMMIE L Street Address (P.O. Box Number is Not Acceptable) 1688 POST OAK CT. ORANGE PARK FL 32073 City Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President President Addition TITLE ☐ Delete TITLE ☐ Change TAMMIE L. Sampson FAMOUSE SAIMPSON NAME NAME HORR POST ONKEL 1688 POST OOK CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OTOMOR PARK OFC 32073 CITY-ST-ZIP Orange Park, FL. 32073 Vice President Change Addition Delete TITLE TITLE NAME NAME Travis Sampson 1688 POSTOCK CT. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY\_ST-7IP Orange Park, FL. 32073 Addition TITLE ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.