

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

0101722 AV

**DOCUMENT # P00000056552**

1. Entity Name  
**MULLINS TRIM CARPENTRY, INC.**



Principal Place of Business  
**1780 DORCHESTER RD.  
CLEARWATER FL 33764**

Mailing Address  
**1780 DORCHESTER RD.  
CLEARWATER FL 33764**



2. Principal Place of Business

3. Mailing Address

**1805 GREENHILL DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**CLEARWATER FL**

4. FEI Number **59-3654794**

Applied For  
Not Applicable

Zip

Country

Zip  
**33755**

Country  
**USA**

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

**MULLINS, JAMES E  
1780 DORCHESTER RD.  
CLEARWATER FL 33764**

Name

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

**1805 GREENHILL DR.**

City

**CLEARWATER**

FL

Zip Code

**33755**

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MULLINS, JAMES E  
1780 DORCHESTER RD.  
CLEARWATER FL 33764** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1805 GREENHILL DR  
CLEARWATER FL 33755** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**09/07/03**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment  
90155868  
PO000005652  
TAX PLUS, INC.

2576 SUNSET POINT ROAD  
CLEARWATER, FL 33765  
727-791-3561

September 8, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Re: Mullins Trim Carpentry, Inc.

Enclosed please find Uniform Business Report and check for \$150 for the Year 2003. The taxpayer moved and did not receive the original notice.

We would, therefore, request that the late filing be waived and that all communications be directed to the new address.

Thank you,

  
Catherine Binder

CB:mlw