2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000057884

Entity Name

MULLER'S DRAFTING SERVICE, INC.

Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

Mailing Address

7184 BENEVA ROAD 7184 BENEVA ROAD SARASOTA FL 34238 SARASOTA FL 34238 00052527 2. Principal Place of Business 3. Mailing Address 7182 BENEVA RI 7182 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For ALASATA Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 5.... 6. Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent MULLER, JEFFREY M Street Address (P.O. Box Number is Not Acceptable) 2130 PINE TERRACE SARASOTA FL 34231 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE ☐ Defete MULLER, JEFFREY M NAME NAME 17182 BENEVA Rd. STREET ADDRESS STREET ADDRESS 7184 BENEVA ROAD SARASOTA FL. 3423B CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 ☐ Change ☐ Delete TITLE NAME NAME Muller, Kimberly STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE 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-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete 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 empowers 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

FILED May 15, 2001 8:00 am Secretary of State

05-15-2001 90122 025 ***150.00

CR2E034 (10/00)

Daytime Phone #