

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072547

1. Entity Name

K. MULLINS' ECLECTIC INTERIORS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90400 050 ***150.00

0382497

Principal Place of Business Mailing Address
C/O RICHARD W. WINESETT. AVERY. WHIGHAM C/O RICHARD W. WINESETT. AVERY. WHIGHAM
2248 1ST ST 2248 1ST ST
FT MYERS FL 33901 FT MYERS FL 33901



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **59-3669393** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
WINESETT, RICHARD W
2248 1ST ST
FT MYERS FL 33901

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS
TITLE ☒ Delete
NAME MULLINS, KAY D
STREET ADDRESS 11620 CHITWOOD DR
CITY-ST-ZIP FT MYERS FL 33908
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☒ Change ☐ Addition
NAME PD
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☒ Addition
NAME VST
STREET ADDRESS Mullins, William K.
CITY-ST-ZIP 11620 Chitwood Dr
Fort Myers, FL 33908
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Kay D. Mullins President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)