

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90038 027 ***150.00

DOCUMENT # P01000025870

1. Entity Name
FLYING MULCHMAN, INC.

Principal Place of Business

P.O. BOX 520815
WINTER PARK FL 32790

Mailing Address

C/O EDWARD M. LIVINGSTON, ESQ
P.O. BOX 1599
WINTER PARK FL 32790

2. Principal Place of Business
P.O. Box 520815

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Longwood, FL

City & State

Zip 32752

Country US

Zip

Country

4. FEI Number

59-3713417

Applied For

Not Applicable

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

LIVINGSTON, EDWARD M
628 ELLEN DR
WINTER PARK FL 32789

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MCDONOUGH, KEVIN P
STREET ADDRESS P.O. BOX 521292
CITY-ST-ZIP WINTER PARK FL 32790

TITLE D/P ☒ Change ☐ Addition
NAME McDonough, Kevin P.
STREET ADDRESS P.O. Box 521292
CITY-ST-ZIP Longwood, FL 32752

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/S/T ☐ Change ☒ Addition
NAME Vestal, Michael E.
STREET ADDRESS 1690 Myrtle Lake Rd.
CITY-ST-ZIP Longwood, FL 32750

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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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 titles empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN P. MCDONOUGH, President

Date

Daytime Phone #

CR2E034 (9/01)