

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90014 011 ***150.00

DOCUMENT # P01000030085



1. Entity Name
MULLINS AUTOMOTIVE AND TRUCK SERVICE, INC.

Principal Place of Business
**603 N MAGNOLIA AVE
OCALA FL 34475**

Mailing Address
**603 N MAGNOLIA AVE
OCALA FL 34475**



2. Principal Place of Business

603 N. Mag. Ave Ocala FL 34475
Suite, Apt. #, etc.

3. Mailing Address

603 N. Mag. Ave Ocala FL 34475
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Ocala FL

City & State
OCALA FL

4. FEI Number **59-3652796**

Applied For
Not Applicable

Zip
34475

Country
MAION

Zip
34475

Country
MAION

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

6. Name and Address of Current Registered Agent

**MULLINS, D DOUGLAS
603 N MAGNOLIA AVE
OCALA FL 34475**

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. 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

1-3-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
**P
MULLINS, DOUG
603 N MAGNOLIA AVE
OCALA FL 34475** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-03-03
Date

352 401-0886
Daytime Phone #

CR2E034 (10/02)