

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90021 012 ***150.00

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DOCUMENT # P01000063466

1. Entity Name
MULLER ENTERPRISES, INC.

Principal Place of Business
600 RIVER BIRCH CT #821 113
CLERMONT FL 34711

Mailing Address
600 RIVER BIRCH CT #821 113
CLERMONT FL 34711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

600 River Birch Ct #113
Suite, Apt. #, etc.
#113

600 River Birch Ct #113
Suite, Apt. #, etc.
#113

City & State
Clermont FL

City & State
Clermont FL

4. FEI Number

59-3725806

Applied For

Not Applicable

Zip
34711

Country
USA

Zip
34711

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

MULLER, JON
600 RIVER BIRCH CT #821 113
CLERMONT FL 34711

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	<input type="checkbox"/> Delete
NAME	MULLER, JON	
STREET ADDRESS	600 RIVER BIRCH CT #821 #113	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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:

Jon H. Muller
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 APR 02

(352) 243-6388

Date

Daytime Phone #

CR2E034 (9/01)