

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

FILED

03 DEC 15 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000072490

1. Entity Name

Mullis Lawn Maintenance, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

603 W. Peniel Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palatka, Florida

City & State

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

03

4. FEI Number

59-3731913

Applied For

Not Applicable

Zip
32177

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Casey Mullis

Street Address (P.O. Box Number is Not Acceptable)

603 W. Peniel Road

City Palatka

FL

Zip Code
32177

**DO NOT WRITE
IN THIS SPACE**

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

President

500025044915
11/26/03--01006--002 **150.00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Casey Mullis	603 W. Peniel Road	Palatka, FL 32177
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Casey Mullis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Trim Bookkeeping & Tax Service, Inc.
6683 Crill Avenue
Palatka, Florida 32177
386-328-4164 Phone
386-325-0804 Fax

October 10, 2003


Fl. Dept. of State
Div. of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Mullis Lawn Maintenance, Inc.
603 W. Peniel Road
Palatka, Florida 32177-9302
P01000072490

To Whom It May Concern:

Please find enclosed a copy of my client's annual report that was due by May 1, 2003. I had an employee that was handling this account. She was suppose to file this report for him and didn't. It wasn't brought to my attention until the middle of September that she was not doing her job correctly. I didn't realize until Mr. Mullis brought in the letter of Dissolution that his report was not filed. I'm enclosing a check for \$150.00. It was not my client's intention not to pay on time. Please take this matter into consideration.

Thank you,


Lisa Wiggins
Accountant

LW

cc:file