

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000048806

FILED
Sep 08, 2003
Secretary of State

Entity Name: MULLEN FURNISHINGS, INC.

Current Principal Place of Business:

2220 CYPRESS HOLLOW CT
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

2220 CYPRESS HOLLOW CT
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 02-0593361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLEN, LUCIJA H
2220 CYPRESS HOLLOW CT
SAFETY HARBOR, FL 34695

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MULLEN, LUCIJA H
Address: 2220 CYPRESS HOLLOW CT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: MULLEN, STUART J
Address: 2220 CYPRESS HOLLOW CT
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART MULLEN

D

09/08/2003

Electronic Signature of Signing Officer or Director

Date