

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90161 028 ***150.00

DOCUMENT # P92000012146

1. Entity Name
MULLER PROPERTY TAX ADVISORS, INC.



Principal Place of Business
**6120 N.W. 60 TERRACE
PARKLAND FL 33067
US**

Mailing Address
**6120 N.W. 60 TERR
PARKLAND FL 33067
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0381668**

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

**MULLER, ROSANN
6120 NW 60 TERRACE
PARKLAND FL 33067**

Name

Kenneth C. Muller

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

6120 N.W. 60 Terrace

City **Parkland**

FL

Zip Code
33067

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	DP	<input checked="" type="checkbox"/> Delete
NAME	MULLER, ROSANN	
STREET ADDRESS	6120 NW 60TH TERRACE	
CITY-ST-ZIP	PARKLAND FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	Kenneth C. Muller	
STREET ADDRESS	6120 N W 60 Terrace	
CITY-ST-ZIP	Parkland, FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03
Date

954-340-3340

Daytime Phone #

CR2E034 (10/02)