

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90089 047 ***150.00

DOCUMENT # P92000013743

1. Entity Name
MULLEN PARTNERS, INC.



Principal Place of Business
1161 N.E. 45TH STREET
OAKLAND PARK FL 33334
US

Mailing Address
4615 W. TRADEWINDS AVENUE
LAUDERDALE BY THE SEA FL 33308
US

2. Principal Place of Business

3. Mailing Address

3020 NE 32 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

908

City & State

City & State
Fort Lauderdale, FL

Zip

Country

Zip

33308

Country

US

4. FEI Number

65-0406169

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

MULLEN, BEVERLY J
2809 N.E. 37 COURT
FT LAUDERDALE FL 33308

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

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 ☐ Delete
NAME **P**
STREET ADDRESS **MULLEN, BEVERLY J.**
CITY-ST-ZIP **4615 W. TRADEWINDS AVENUE**
LAUDERDALE BY THE SEA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3020 NE 32 Ave #908**
CITY-ST-ZIP **Fort Lauderdale, FL 33308**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **MULLEN, JAMES**
CITY-ST-ZIP **4615 W. TRADEWINDS AVENUE**
LAUDERDALE BY THE SEA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3020 NE 32 Ave #908**
CITY-ST-ZIP **Fort Lauderdale, FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 954-938-9734

Date

Daytime Phone #

CR2E034 (10/02)