

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90061 043 ***150.00

DOCUMENT # P93000011539

1. Entity Name

MULLENIX APPRAISAL SERVICES, INC.

Principal Place of Business

~~7228 CROOKED LAKE TRAIL~~

~~ORLANDO FL 32818~~

**8125 Sandpoint Blvd
Orlando, FL 32819**

Mailing Address

PO BOX 681609

ORLANDO FL 32868

2. Principal Place of Business

8125 Sandpoint Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Orlando, FL

City & State

4. FEI Number

59-3163390

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

WETTACH, JOSEPH C

315 E. ROBINSON ST

SUITE 600, LANDMARK CENTER ONE

ORLANDO FL 32802

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPVT
MULLENIX, MICHAEL L.
7228 CROOKED LAKE TRAIL
ORLANDO FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**8125 Sandpoint Blvd,
Orlando, FL 32819** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)