

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000012956

1. Entity Name

MULLINS DEVELOPMENT CONSULTING SERVICES, INC.

FILED

Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90075 032 ***150.00

Principal Place of Business

Mailing Address

201 S. PARK AVE
SANFORD FL 32771

P.O. BOX 915482
LONGWOOD FL 32791-5482
US

2. Principal Place of Business

3. Mailing Address

6850 W. State Hwy 46

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

4. FEI Number

59-3169533

Applied For

Not Applicable

Zip

32771

Country

Seminole

Zip

Country

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

MULLINS, ELVIN L
201 S. PARK AVE
SANFORD FL 32771

Name

Mullins, Elvin L

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

6850 W. State Hwy 46

City

Sanford

FL

Zip Code

32771

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]

Elvin L. Mullins President

✓ January 28, 2000

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, 2000 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
☐ Delete

D
MULLINS, ELVIN L
200 COMMERCIAL ST., STE 4
SANFORD FL 32771

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

6850 W. State Hwy 46
Sanford, FL 32771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

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

1/28/2000
Date

(407) 324 4300
Daytime Phone #

CR2E034 (9/99)