

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90026 017 \*\*\*150.00

**DOCUMENT # P93000012956**

1. Entity Name  
**MULLINS DEVELOPMENT CONSULTING SERVICES, INC.**

Principal Place of Business  
**6850 W. STATE HWY 46**  
**SANFORD FL 32771**

Mailing Address  
**6850 W. STATE HWY 46**  
**SANFORD FL 32771**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3169533**

Applied For

Not Applicable

Zip

Country

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**  
**6850 W. STATE HWY 46**  
**SANFORD FL 32771**

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 **D** ☐ Delete  
 NAME **MULLINS, ELVIN L**  
 STREET ADDRESS **6850 W. STATE HWY 46**  
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

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]*

*6-28-02 407-324*  
*4-29-02 4300*

Florida Fancy  
6850 W SR 46  
Sanford, FL 32771  
407-324-4300  
Fax 407-328-7284  
www.floridafancy.com

Attachment  
#P9300012456  
B0127485

Division of Corproation  
P.O. Box 6327  
Tallahassee, FL 32314

June 28, 2002

Dear Sir or Madam,

Today I was balancing the business checking account and found that check # 4444 dated 4/29/02 had not cleared again this month. I called your office and was instructed to send a letter along with a resigned copy of the Uniform Buisness Report and a new check. I will stop payment on check #4444.

Thank you for your assistance.

Sincerely,



Mary Knurek  
Office Manger  
Mullins Development Consulting Services