

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053109

1. Entity Name
MULLIGAN'S CLEAN CUT LAWN CARE, INC.

Principal Place of Business Mailing Address
1951 OHIO STREET, N.E. 1951 OHIO STREET, N.E.
PALM BAY FL 32907-2606 PALM BAY FL 32907-2606

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 59-3200444 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

MULLIGAN, STEPHEN T JR.
1951 OHIO STREET, N.E.
PALM BAY FL 32907-2606

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
NAME MULLIGAN, STEPHEN T JR.
STREET ADDRESS 1951 OHIO STREET, N.E.
CITY-ST-ZIP PALM BAY FL 32907-2606 ☐ Delete

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

TITLE ☐ Delete
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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 *Stephen T Mulligan* DATE 1-5-02 321-723-2474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 08, 2002 8:00 am
Secretary of State
01-08-2002 90018 003 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)