

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90336 048 \*\*\*150.00

001137 AV

**DOCUMENT # P93000086219**

1. Entity Name

**MULLEN & ASSOCIATES OF FLAGLER, INC.**



Principal Place of Business

**1 ENTERPRISE DRIVE  
BUNNELL FL 32110  
US**

Mailing Address

**1 ENTERPRISE DRIVE  
BUNNELL FL 32110  
US**

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

**59-3243678**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MULLEN, MICHAEL  
1500 LAMBERT AVE.  
FLAGLER BCH. FL 32136**

7. Name and Address of New Registered Agent

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, 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

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**

☐ Delete

**MULLEN, MICHAEL  
1500 LAMBERT AVENUE  
FLAGLER BEACH FL 32136**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**

☐ Delete

**MULLEN, KATHLEEN  
1305 TOWN HARBOR LANE  
SOUTHOLD NY 11971**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**

☐ Delete

**MULLEN, JOHN  
29 COLLINGTON CT.  
PALM COAST FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Change ☐ Addition

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael S. Mullen**

**4/25/03**

Date

**386-445-2222**

Daytime Phone #

CR2E034 (10/02)