

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051709

1. Entity Name

J.T. MULLEN & ASSOCIATES, INC

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90191 039 \*\*\*150.00

Principal Place of Business

Mailing Address

9200 W. ATLANTIC BLVD

9200 W. ATLANTIC BLVD

#1424

#1424

CORAL SPRINGS FL 33071

CORAL SPRINGS FL 33071-6997

US

2. Principal Place of Business

5244 BOLERO CIRCLE

3. Mailing Address

5244 BOLERO CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

632262



DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH

City & State

DELRAY BEACH

4. FEI Number

65-0588060

Applied For

Not Applicable

Zip

33484

Country

PAIM BEACH

Zip

33484

Country

PAIM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULLEN, JAMES  
5244 BOLERO CIRCLE  
DELRAY BEACH FL 33484

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.

SIGNATURE

*James T. Mullen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MULLEN, JAMES T	
STREET ADDRESS	5244 BOLERO CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WECHTER, CHERYL	
STREET ADDRESS	9200 W. ATLANTIC BLVD #1424	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	ANNA L. MULLEN	
STREET ADDRESS	5244 BOLERO CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*James T. Mullen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

561-499-1142

Daytime Phone #

CR2E034 (9/99)