

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90102 038 ***158.75

0365642 AT

DOCUMENT # P96000000437

1. Entity Name

MULDOON WAREHOUSE II, INC.

Principal Place of Business

**3831 NE 26 AVE
 LIGHTHOUSE POINT FL 33064
 US**

Mailing Address

**3831 NE 26 AVE
 LIGHTHOUSE POINT FL 33064
 US**

2. Principal Place of Business

1525 State Ave

Suite, Apt. #, etc.

3. Mailing Address

1525 State Ave

Suite, Apt. #, etc.

City & State

Holly Hill Florida

City & State

Holly Hill, FL

Zip

32117

Country

USA

Zip

32117

Country

USA

4. FEI Number

65-0642745

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MULDOON, TIMOTHY J
 3831 NE 28TH AVENUE
 LIGHTHOUSE POINT FL 33064**

7. Name and Address of New Registered Agent

Name

Timothy J. Muldoon

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

1525 State Ave

City

Holly Hill

FL

Zip Code

32117

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-24-02

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

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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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSV MULDOON, TIMOTHY J 3831 NW 26 AVE LIGHTHOUSE PT. FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Timothy J. Muldoon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-02 (386) 677-4255
 Date Daytime Phone #

CR2E034 (9/01)