

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-06-2003 90065 046 ***158.75

DOCUMENT # P96000000437 1. Entity Name MULDOON WAREHOUSE II, INC.		 2. Principal Place of Business 1300 NW 65th Place Suite, Apt. #, etc. B		3. Mailing Address 1300 NW 65th Place Suite, Apt. #, etc. B																													
Principal Place of Business 1525 STATE AVE HOLLY HILL FL 32117 US		Mailing Address 1525 STATE AVE HOLLY HILL FL 32117 US																															
City & State Ft Lauderdale		City & State Ft Lauderdale FL		4. FEI Number 65-0642745																													
Zip 33309		Country USA/Broward		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent MULDOON, TIMOTHY J 1525 STATE AVE HOLLY HILL FL 32117		7. Name and Address of New Registered Agent Name Tina D Muldoon Street Address (P.O. Box Number is Not Acceptable) 1300 NW 65th Place Suite B City Ft Lauderdale FL Zip Code 33309																															
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 <i>Timothy Muldoon</i> <i>Tina Muldoon</i> 02-03-03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PSV MULDOON, TIMOTHY J 3831 NW 26 AVE. LIGHTHOUSE PT. FL 33064 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSV MULDOON, TIMOTHY J 3831 NW 26 AVE. LIGHTHOUSE PT. FL 33064		<input type="checkbox"/> Delete											11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> President Timothy Muldoon 1300 NW 65th Place Ft Florida 33309 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Timothy Muldoon 1300 NW 65th Place Ft Florida 33309		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition										
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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: *Timothy Muldoon*

02-01-03

(954) 977 6325