2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2003 8:00 am Secretary of State

1. Entity Name MULLIGAN VENTURES, INC.	0010594			05-12-2003	90211 045 **	*150.00	
Principal Place of Business 333 NORTH THIRD STREET 333 NORTH THIRD STREET JACKSONVILLE BEACH FL 32250 US US							
2. Principal Place of Business	3. Mailing Address			1 10 3 31,000 110 10111 18011 00111 0011	DENIL EDIDI NIDA DJIJI 5		
Suite, Apt. #, etc. Suite, Apt. #, etc.			☐ CHECK HERE IF		MAKING CHANGES		
City & State	City & State		4.	FEI Number 59-3425884		Applied For Not Applicable	
Zip Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 . Fee Requ	Additional ulred	
6. Name and Address of Current	Registered Agent			Name and Address of New Re	gistered Agent		
DATEROON AMERICAN FOR		Nam	e	,		· · · · · · · · · · · · · · · · · · ·	
PATTERSON, LAWRENCE R ESQ 3010 SOUTH THIRD STREET		Stree	t Address (P.O. I	Box Number is Not Acceptable)			_
JACKSONVILLE BEACH FL 32250							
		City	FL				
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	registered office	or registered as	gent, or both, in the State of Flori	da. I am familiar wi	th, and accept	
, ,							
SIGNATURE Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent at	gnature required when i	minstating)	DATE	 {	
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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 Câmpaign Fina Trust Fund Contribution.		.00 May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of		11,	Aſ	Trust Fund Contribution.	☐ Add	ded to Fees	
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2. 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: Manufake TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELLE DATE OF DESCRIPTION OF DIRECTOR DELLE DEL