

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028770

1. Entity Name

MULLIGAN ENGINEERING INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90004 022 ***150.00

Principal Place of Business

7806 NUDY AVE
GIBSTON FL 33534

Mailing Address

7806 NUDY AVE
GIBSTON FL 33534

2. Principal Place of Business

P.O. Box 898
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 898,
Suite, Apt. #, etc.

City & State

GIBSTON, FL. 33534

City & State

GIBSTON, FL. 33534

Zip

Country

Hills.

Zip

Country

Hills.

4. FEI Number 59-3440287

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULLIGAN, WILLIAM B
7806 NUDY AVE
GIBSTON FL 33534

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MULLIGAN, WILLIAM B	
STREET ADDRESS	7806 NUDY AVE	
CITY-ST-ZIP	GIBSTON FL 33534	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLIGAN, JANET	
STREET ADDRESS	7806 NUDY AVE	
CITY-ST-ZIP	GIBSTON FL 33534	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/01
Date

813-6775429
Daytime Phone #

CR2E034 (10/00)