

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90443 031 ***150.00

0476430 AV

DOCUMENT # P97000051288

1. Entity Name

DAVID MULLIGAN, INC.

Principal Place of Business

**1510 CHARLOTTE DRIVE
 SEBRING FL 33872**

Mailing Address

**1510 CHARLOTTE DRIVE
 SEBRING FL 33872**

2. Principal Place of Business

1510 Charlotte Drive

3. Mailing Address

1510 Charlotte Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebring FL

City & State

Sebring FL

Zip

33875

Country

Highlands

Zip

33875

Country

Highlands

4. FEI Number

65-0762090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MULLIGAN, DEBORAH
 1510 CHARLOTTE DRIVE
 SEBRING FL 33872**

7. Name and Address of New Registered Agent

Name

DAVID MULLIGAN

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

1510 Charlotte Drive

City

Sebring

FL

Zip Code

33875

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

David Mulligan

DAVID MULLIGAN

4/2/02

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, 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	D	<input type="checkbox"/> Delete
NAME	MULLIGAN, DAVID	
STREET ADDRESS	1510 CHARLOTTE DRIVE	
CITY-ST-ZIP	SEBRING FL 33872 33875	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MULLIGAN, DEBORAH	
STREET ADDRESS	1510 CHARLOTTE DRIVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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		
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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:

David Mulligan

DAVID MULLIGAN

4/2/02

(863)385-6701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)