## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000061845

. Entity Name

CENTRAL FLORIDA PULLERS, INC.

FILED Jan 25, 2000 8:00 am Secretary of State

01-25-2000 90128 001 \*\*\*158.75

ļ				;				
Principal Place of Business		Mailing Address						
18348 GALVESTON ST. SPRING HILL FL 34610		18948 GALVESTON ST. SPRING HILL FL 34610-1633		ļ				
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			, (241(25) 113 (21) (25) (35) (35)	IN THIS SPACE		
City & State		City & State		<b>4.</b> F	FEI Number 59-3461782		Applied For اربر غرب ا	
Zîp	Country	Zip	Country		Certificate of Status Desired	\$8.75 A		
	6. Name and Address of Current	Registered Agent	Name	7. 1	Name and Address of New Re	gistered Agent	_	
GONZALES, LARRY J 6645 RIDGE RD. PORT RICHEY FL 34668				Street Address (P.O. Box Number is Not Acceptable)				
PUR	TI RIUNET FL 34000		City			FL Zip Co	 de 	
8. The above	named entity submits this statement fo	r the purpose of changing its r	egistered office or re	gistered ag	ent, or both, in the State of Flori	da.		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	required when re	ainstating)	DATE		
Tax filling r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)		! FEE IS \$150.00 O Fee will be \$550 e to Department o	0.00	10. Election Campaign Fina Trust Fund Contribution.	~	<b>00</b> May Be ed to Fees	
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULROONEY, JOHN R 18348 GALVESTON ST. SPRING HILL FL 34610	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete '	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS I CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

13. I hereby certify that the information supplied with this filling 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:

John Q. M. W. W. OFFICER OF DIRECTOR

1-18-00

(727) 857-6114

Daytime Phone #