

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010064

1. Entity Name
ALMOST HEAVEN CHARTERS, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90326 048 ***150.00

Principal Place of Business

~~5800 GASPARILO ROAD~~
~~MARINA MANOR UNIT 42~~
~~BOCA RATON FL 33921~~

Mailing Address

POST OFFICE BOX ~~1000~~ 559
~~BOCA GRANDE FL 33921~~
PLACIDA, FL 33946

2. Principal Place of Business

13060 GARFIELD CT
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 559
Suite, Apt. #, etc.

City & State

PLACIDA, FL

City & State

PLACIDA, FL

Zip

33946

Country

CHARLOTTE

Zip

33946

Country

CHARLOTTE

4. FEI Number 65-0809951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 *Larry Mulkey PRES.*

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MULKEY, LARRY	
STREET ADDRESS	13060 GARFIELD CT	
CITY-ST-ZIP	5800 GASPARILO RD, UNIT 42 BOCA RATON FL 33921 PLACIDA, FL 33946	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	MULKEY, PEGGY	
STREET ADDRESS	13060 GARFIELD CT	
CITY-ST-ZIP	5800 GASPARILO RD, UNIT 42 BOCA RATON FL 33921 PLACIDA, FL 33946	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

Larry Mulkey LARRY S MULKEY PRES.

2-27-01

741-473-0729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)