

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 22, 2002 8:00 am**  
**Secretary of State**

08-22-2002 90002 023 \*\*\*150.00

DOCUMENT # P98000010064  
1. Entity Name ALMOST HEAVEN CHARTERS INC  
P.O. B. 559  
PLACIDA, FL 33946

**DO NOT WRITE IN THIS SPACE**

80134808

2. Principal Place of Business  
13060 GARFIELD CT  
Suite, Apt. #, etc.

3. Mailing Address  
P.O.B. 559  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PLACIDA FL  
Zip  
33946  
Country  
USA

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4. FEI Number  
65-0809951  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name AMERILAWYER  
Street Address (P.O. Box Number is Not Acceptable)  
343 PALMERA AVE  
City CORAL GABLES FL Zip Code 33134

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) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
MULKEY LARRY  
P.O. BOX 559  
PLACIDA, FL 33946

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP+TREAS  
MULKEY PEGGY  
P.O. BOX 559  
PLACIDA, FL 33946

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY MULKEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-02

Date

941-697-2477

Daytime Phone #

CR2E034B (12/01)

MEMORANDUM Attachment 10# P98000010064 B013-1805

TO Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL 32302-1500

FROM Almost Heaven Charters Inc  
P.O. Box 559  
Florida, FL 33946

DATE 8-19-02

SUBJECT UBR FORM FILING

MESSAGE

I CALLED THE DEPT ON 8-13-02 TO REQUEST A UBR FORM  
BECAUSE WE NEVER RECIEVED FORM TO FILE.

WE ARE A VERY SMALL STRUGGLING BUS. AND REPECTFUL  
ASK WAIVER OF LATE FEE BECAUSE WE NEVER RECIEVED  
FORM OR NOTICE TO FILE.

THANK YOU FOR YOUR CONSIDERATION  
REGARDS.

Larry Mulkey