

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**  
 05-16-2002 90014 008 \*\*\*150.00

**DOCUMENT # P99000072606**

1. Entity Name  
**MULLEN'S PAINTING, INC.**

Principal Place of Business

**914 SNOWDEN DR.  
 LAKE WORTH FL 33461**

Mailing Address

**914 SNOWDEN DR.  
 LAKE WORTH FL 33461**

2. Principal Place of Business

**133 Farmingdale Dr.  
 Suite, Apt. #, etc.**

3. Mailing Address

**133 Farmingdale Dr.  
 Suite, Apt. #, etc.**

City & State

**Jupiter, FL**

City & State

**Jupiter, FL**

4. FEI Number

**65-0938145**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MULLEN, STEPHEN J  
 914 SNOWDEN DR.  
 LAKE WORTH FL 33461**

7. Name and Address of New Registered Agent

Name

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

**133 Farmingdale Dr.**

City  
**Jupiter**

FL

Zip Code  
**33458**

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

*Stephen J. Mullen*

**Stephen J. Mullen**

**2/18/2002**

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. ☐

**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	PD	<input type="checkbox"/> Delete
NAME	MULLEN, STEPHEN J	
STREET ADDRESS	914 SNOWDEN DR.	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MULLEN, PATRICIA	
STREET ADDRESS	914 SNOWDEN DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	Luis Pena	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	angel Cruz	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	133 Farmingdale Dr.	
CITY-ST-ZIP	Jupiter FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	133 Farmingdale Dr.	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		

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:

*Stephen J. Mullen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Stephen J. Mullen, PD**

**2/18/2002**

Date

**561-624 0900**

Daytime Phone #

CR2E034 (9/01)