

PAGE 16/2

FILED
01 MAY -4 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

		DO NOT WRITE IN THIS SPACE	
		04/17/00 90090 002 \$150.00	
		4. FEI Number	Applied For
		59-3612978	Not Applicable
Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City	FL		Zip Code

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

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOE MULLARKAY 125 104TH AVE #6 TREASURE ISLAND FL 33706					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						<input checked="" type="checkbox"/> -Change- <input type="checkbox"/> Addition-
TITLE NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] Date Feb-11-2001 727 452 5042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAGE 2 of 2

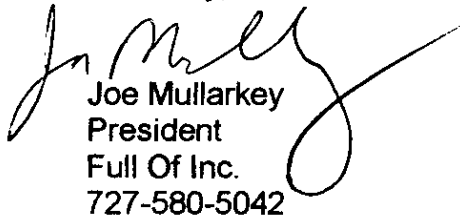
May 1, 2001

Florida Dept of Corporations
PO BOX 6327
TALLAHASSEE FL 32314

Dear Department:

I have a balance of \$150.00 which I would like to go toward my filing fee for this year. I was told that I could file electronically and take care of this by a Dept. of Corporations agent, but now I am being told that I have to file by mail. I have requested and received a blank 2001 UBR and have filled it out. The agent who sent me this form is Michelle Milligan and the letter Number she sent me is 901A00011097. I hope this finally takes care of this business because this is turning into the most difficult business transaction that my company has had to deal with ever.

Sincerely,



Joe Mullarkey
President
Full Of Inc.
727-580-5042