

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107588

1. Entity Name

THE MULLAY GROUP, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90054 038 \*\*\*150.00

Principal Place of Business

Mailing Address

269 LINDENWOOD DR.  
 EXTON PA 19341

269 LINDENWOOD DR.  
 EXTON PA 19341

2. Principal Place of Business

3. Mailing Address

70 Rehoboth AVE

70 Rehoboth AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 106

Suite 106

City & State

City & State

Rehoboth BEACH, DE

Rehoboth Beach, DE

Zip

Country

Zip

Country

19971

USA

19971

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INCORPORATORS, INC.  
 1221 BRICKELL AVENUE SUITE 900  
 MIAMI FL 33131

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MULLAY, LAURIE	
STREET ADDRESS	269 LINDENWOOD DR.	
CITY-ST-ZIP	EXTON PA 19341	
TITLE		<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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLAY, LAURIE	
STREET ADDRESS	106C HENLOPEN STATION	
CITY-ST-ZIP	Rehoboth Beach, DE 19971	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURIE MULLAY

5/1/00

302

226-3124

Date

Daytime Phone #

President, The Mullay Group, Inc.

CR2E034 (9/99)