

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S01578

1. Entity Name

MUELLER UNLIMITED, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90042 011 ***150.00

Principal Place of Business

851 W ST. RD. 436

1001

ALTAMONTE SPRINGS FL 32714

US

Mailing Address

P. O. BOX 300165

FERN PARK FL 32730-0165

US

2. Principal Place of Business

213 SECRET WAY

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CASSELBERRY, FL

City & State

Zip

32707

Country

USA

Zip

Country

4. FEI Number

65-0221054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUELLER, BONNIE L.

851 W. STATE RD. 436

1001

ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

MUELLER, BONNIE L.

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

213 SECRET WAY

City

CASSELBERRY

FL

Zip Code

32707

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MUELLER, BONNIE L	
STREET ADDRESS	851 W. STATE RD 436	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MUELLER, FRED	
STREET ADDRESS	851 W STATE RD 436	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DUNFEE, TINA	
STREET ADDRESS	851 W. STATE RD 436	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	213 SECRET WAY	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	213 SECRET WAY	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)