2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$12028

1. Entity Name

B.E. MULLINS CONCRETE CO.

Principal Place of Business T S ATLANTIC AVE 1101 BEACH SHORES FL 32118		Mailing Address						
		2937 \$ ATLANTIC AVE #1101 DAYTONA BEACH SHORES FL 32118			FILM CHAIR			
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	3PACE		
City & State		City & State		4.	FEI Number 59-3046302	— 	oplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current F	Registered Agent	Name	7.	Name and Address of New Registered	Agent		
MULLINS, JAMES J. 2937 S ATLANTIC AVE			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
#1101 DAYTONA BEACH SHORES FL 32118			City		FL	Zip Cod	e	
	e named entity submits this statement for	<u></u>	<u> </u>			<u>'</u> _		
Tax filling requirement and elects to do so After N			LE NOW!!! FEE IS \$150.00 MAY 1, 2000 Fee will be \$550.00 eck Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution.		0 May Be	
i.	OFFICERS AND D		12.		L DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR:	S IN 11	
IILE	P	☐ Delete	TITLE			☐ Change	Addition	
ST ZIP	MULLINS, JAMES J 2937 S ATLANTIC AVE DAYTONA BEACH SHORES FL 3:	2118	NAME STREET ADDRESS CITY-ST-ZIP					
	S	☐ Delete	TITLE			Change	Addition	
	MULLINS, EDITH L		NAME				,	
AT 310	2937 S ATLANTIC AVE	2440	STREET ADDRESS					
ST ZIP	DAYTONA BEACH SHORES FL 3	2118	CITY-ST-ZIP			Channe	CT Addition	
ST ZIP	MULLINS JAMES J 2937 S ATLANTIC AVE DAYTONA BEACH SHORES FL 3	enter of the second of the sec	TITLE NAME STREET ADDRESS CITY-ST-ZIP		gun es de 😁 augsu	☐ Change	Addition	
	SECTREAS. BONNIE E. MUllins 2937 S. ATLANTIC AVE DAYTONA BEACH SHORES	□ Delete Æ1101	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
ST ZIP	MAYION WEHCK SHOKE	_	CITY-ST-ZIP					
 - *222533 ST-ZIP		∟l Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
	7/	☐ Delete	TITLE NAME STREET ADDRESS		<u> </u>	Change	Addition	
indicated of the cor	on this report or supplemental report is t	rue and accurate and that maked that maked to execute this report a	ly signature shall have t	he same	119.07(3)(i), Florida Statutes. I further cerilegal effect as if made under oath; that I a ida Statutes; and that my name appears in	m an officer	or director	
IKINAT	UKE: SIGNATURE AND TYPE OF DE	INTED NAME OF SIGNING OFFICER O	OR DIRECTOR		0/1/2000	aytime Phone #		

FILED Feb 14, 2000 8:00 am Secretary of State 02-14-2000 90123 003 ***150.00