

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2001 8:00 am**  
**Secretary of State**

000583

**DOCUMENT # S12028**

1. Entity Name

**B.E. MULLINS CONCRETE CO.**

02-22-2001 90134 043 \*\*\*150.00

Principal Place of Business <b>2937 S ATLANTIC AVE #1101 DAYTONA BEACH SHORES FL 32118</b>	Mailing Address <b>2937 S ATLANTIC AVE #1101 DAYTONA BEACH SHORES FL 32118</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3046302</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MULLINS, JAMES J.  
2937 S ATLANTIC AVE  
#1101  
DAYTONA BEACH SHORES FL 32118**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MULLINS, JAMES J</b> <b>2937 S ATLANTIC AVE</b> <b>DAYTONA BEACH SHORES FL 32118</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MULLINS, EDITH L</b> <b>2937 S ATLANTIC AVE</b> <b>DAYTONA BEACH SHORES FL 32118</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MULLINS, BONNIE E</b> <b>2937 S ATLANTIC AVE 1101</b> <b>DAYTONA BEACH SHORES FL 32118</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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)(l), 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 Bonnie E Mullins Date 2/20/01 Daytime Phone # 386-767-5036

CR2E034 (10/00)