

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S12028

1. Entity Name

B.E. MULLINS CONCRETE CO.

Principal Place of Business

2937 S ATLANTIC AVE  
#1101  
DAYTONA BEACH SHORES FL 32118

Mailing Address

2937 S ATLANTIC AVE  
#1101  
DAYTONA BEACH SHORES FL 32118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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, 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	P	<input type="checkbox"/> Delete
NAME	MULLINS, JAMES J	
STREET ADDRESS	2937 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	S	<input type="checkbox"/> Delete
NAME	MULLINS, EDITH L	
STREET ADDRESS	2937 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MULLINS, BONNIE E	
STREET ADDRESS	2937 S ATLANTIC AVE 1101	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
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 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
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STREET ADDRESS	
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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

2/20/01

Date

386-767-5036

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)