

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
 05-09-2000 90101 039 ***158.75

DOCUMENT # V25681

1. Entity Name

MCMULLEN ENTERPRISES INC.

Principal Place of Business

Mailing Address

4260 NW 1ST AVE #48
 BOCA RATON FL 33431
 US

1920 S CONFERENCE DR
 BOCA RATON FL 33486-3142
 US

2. Principal Place of Business

400 E. LINTON BLDG

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

G-3B

City & State

Delray Beach, FL

City & State

4. FEI Number

65-0356054

Applied For

Not Applicable

Zip

Country

Zip

Country

33483

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMULLEN, DANNY P.
 1920 S CONFERENCE DR
 BOCA RATON FL 33486

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

[Handwritten Signature]
 PRESIDENT

4/21/00

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: P Delete
 NAME: MCMULLEN, DANNY P.
 STREET ADDRESS: 1920 S CONFERENCE DR
 CITY-ST-ZIP: BOCA RATON FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: S Delete
 NAME: MCMULLEN, CYNTHIA S.
 STREET ADDRESS: 1920 S CONFERENCE DR
 CITY-ST-ZIP: BOCA RATON FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Change 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:

[Handwritten Signature]
 MCMULLEN

Date

4/21/00

Daytime Phone #

561-272-7409