

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90715 043 ***158.75

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DOCUMENT # **V25681**

1. Entity Name
MCMULLEN ENTERPRISES INC.



Principal Place of Business
**400 E LINTON BLVD
G-7
DELRAY BEACH FL 33483**

Mailing Address
**1920 S CONFERENCE DR
BOCA RATON FL 33486
US**

11039557



2. Principal Place of Business
**347 NE 5th Ave. Suite 1
Delray Beach, FL 33483
(561) 278-3000 Phone
(561) 278-3400 Fax**

3. Mailing Address
**McMullen Enterprises, Inc.
347 NE 5th Ave. Suite 1
Delray Beach, FL 33483
(561) 278-3000 Phone
(561) 278-3400 Fax**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0356054** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country

6. Name and Address of Current Registered Agent
**MCMULLEN, DANNY P.
1920 S CONFERENCE DR
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent
**DANNY McMullen Enterprises, Inc.
347 NE 5th Ave. Suite 1
Delray Beach, FL 33483
(561) 278-3000 Phone
(561) 278-3400 Fax
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *D. McMullen* AS PRESIDENT OF McMullen Enterprises, Inc. 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete MCMULLEN, DANNY P. 1920 S CONFERENCE DR BOCA RATON FL	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 347 NE 5th Ave. Suite 1 Delray Beach, FL 33483 (561) 278-3000 Phone (561) 278-3400 Fax
TITLE VP	<input type="checkbox"/> Delete MCMULLEN, CYNTHIA 1920 S CONFERENCE DR BOCA RATON FL 33486	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CYNTHIA McMullen Enterprises, Inc. 347 NE 5th Ave. Suite 1 Delray Beach, FL 33483 (561) 278-3000 Phone (561) 278-3400 Fax
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *D. McMullen* AS PRESIDENT OF McMullen Enterprises, Inc. 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **561 278-3000**

CR2E034 (10/02)