


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

5/2

**DOCUMENT #** 440818  
 1. Entity Name  
 MALCO OF FLORIDA, INC.



**DO NOT WRITE IN THIS SPACE**

**55043483**

2. Principal Place of Business  
 3502 Riga Blvd  
 Suite, Apt #, etc.

3. Mailing Address  
 Suite, Apt #, etc.

City & State  
 TAMPA FL

Zip  
 33617

Country  
 U.S.A

**DO NOT WRITE IN THIS SPACE**

4. FEE  
 \$9.1508427

5. Corporate Status Date  
 \$11.75 Additional Required

7. Name and Address of Current Registered Agent  
 Name: **William F Rexford**  
 Street Address (P.O. Box): **17812 Grey Brooke**  
 City: **TAMPA** FL **33647**

8. The above named entity submits this statement for the purpose of changing its principal office or registered agent in the State of Florida with and to the following address:

SIGNATURE \_\_\_\_\_

January 1, May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
**Make Check Payable to Florida Department of State**

9. Corporate Status Date  
 \$5.00 May 1st Added In Fees

10. OFFICERS AND DIRECTORS			
TITLE ST NAME J.S. Rexford STREET ADDRESS 17812 Grey Brooke CITY, ST, ZIP TAMPA FL 33647	TITLE VP NAME William F Rexford STREET ADDRESS 17812 Grey Brooke CITY, ST, ZIP TAMPA FL 33647	TITLE VP NAME Paul F Rexford STREET ADDRESS 1008 Amelia E CITY, ST, ZIP Orlando FL	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TITLE NAME STREET ADDRESS CITY, ST, ZIP	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TITLE NAME STREET ADDRESS CITY, ST, ZIP	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TITLE NAME STREET ADDRESS CITY, ST, ZIP	TITLE NAME STREET ADDRESS CITY, ST, ZIP	

12. I hereby certify that the information submitted with this filing complies with the requirements stated in Section 607.01, Florida Statutes, and that the information is true and accurate and that my signature shall have the same legal effect as the signature of the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, with an address, with all other like empowered.

SIGNATURE: William F Rexford President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/03

WILLIAM F REXFORD

CR2034B (12/02)