

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 575124

1. Entity Name

JOE MOLNAR ENTERPRISES, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90137 007 ***150.00

Principal Place of Business

7118 E. SAHUARO DRIVE
SCOTTSDALE AZ 85254
US

Mailing Address

7118 E SAHUARO DR
SCOTTSDALE AZ 85254-6182
US

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

59-1841697

Applied For

Not Applicable

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

MCLAIN, GEORGE R.
1800 SECOND STREET
STE 717
SARASOTA FL 34236

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P.
MOLNAR, JOSEPH STEVEN
24352 N 74TH PL
SCOTTSDALE AZ 852-

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MOLNAR, HELENA
13440 N 44TH ST #1161
PHOENIX AZ 85032

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President Vice Pr. Treas Sec. 1
JOSEPH STEVEN MOLNAR
24352 N-74TH PL.
SCOTTSDALE AZ 85255

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

4/26/2000

(480) 948-9672

CR2E034 (9/99)