

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 639690

1. Entity Name

MOULDING PRODUCTION AND ENGINEERING COMPANY, INC

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90114 027 \*\*\*150.00

00000103



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

#1 FACTOR RD  
LUXORA AK 72358  
US

P.O. DRAWER "G"  
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

3. Mailing Address  
P.O. BOX 1700

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
GREEN COVE SPRINGS, FL

4. FEI Number

59-1944170

Applied For

Not Applicable

Zip

Country

Zip

Country

32043

CLAY

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

BATTON, JIMMIE D.  
968 HALL PARK DRIVE  
GREEN COVE SPRINGS FL 32043

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 ☐ Delete  
NAME P  
STREET ADDRESS BATTON, JIMMIE D.  
CITY-ST-ZIP 2199 ASTOR ST UNIT 304  
ORANGE PARK FL

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

TITLE ☐ Delete  
NAME VST  
STREET ADDRESS BRINKLEY, LLOYD  
CITY-ST-ZIP 214 CANAL ST.  
LUXORA AR

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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CITY-ST-ZIP

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:

*Jim Batton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-00

Date

904-284-0525

Daytime Phone #

CR2E034 (9/99)