

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 672561

1. Entity Name

THE MALLORY CORPORATION

Principal Place of Business

1396 CHESSINGTON CIRCLE
LAKE MARY FL 32746-1919

Mailing Address

1396 CHESSINGTON CIRCLE
LAKE MARY FL 32746-1919

2. Principal Place of Business

107 CRYSTAL VIEW EAST

Suite, Apt. #, etc.

1578 Shadowmoss Circle

City & State

SANFORD, FL Lake Mary

Zip

32773 32746

Country

Zip

32773 32746

3. Mailing Address

107 CRYSTAL VIEW EAST

Suite, Apt. #, etc.

1578 Shadowmoss Circle

City & State

SANFORD, FL Lake Mary

Country

4. FEI Number

59-2003512

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

LEFKOWITZ, IVAN M
LEFKOWITZ & BLOOM, P.A.
430 N. MILLS AVENUE
ORLANDO FL 32803

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, 2001 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	PD FEINBERG, RICHARD A 607 WHIPPORWILL LN, PO BOX 620631 OVIEDO FL 32762-0631	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PRESLEY, MALORY F 1396 CHESSINGTON CIRCLE LAKE MARY FL 32746-1919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1578 Shadowmoss Circle Lake Mary, FL 32746 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (10/00)

SIGNATURE: Malory F. Presley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MALORY F. PRESLEY

4/30/01

407-302-2053

Daytime Phone #