2003 FOR PROFIT CORPORATION

May 02, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR)** F00000003426 DOCUMENT # 05-02-2003 90403 050 ***150.00 1. Entity Name MOLD-EX ACQUISTION, INC. Principal Place of Business Mailing Address 8052 ARMSTRONG ROAD 8052 ARMSTRONG ROAD MILTON FL 32583 MILTON FL 32583 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 91-2048994 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 City 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 . 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE **PCD** TITLE X Addition ☐ Change R. HENDRICKSON JR. NAME PARRISH, RONALD NAME STREET ADDRESS 454 WEST JACKSON ST. STE #1 STREET ADDRESS 8052 ARMSTRONG ROAD CITY-ST-ZIP CITY-ST-ZIP WOODSTOCK IL 60098 MILTON, FL 32583 TITLE TITI F Addition VD Delete COX, THOMAS NAME J.H. WILLIAMS 8052 ARMSTRONG ROAD STREET ADDRESS STREET ADDRESS 454 WEST JACKSON ST. STE #1 CITY-ST-ZIP CITY-ST-ZIP MILTON, FL 32583 WOODSTOCK IL 60098 TITLE. ___Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:

TITLE

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TITLE

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STREET ADDRESS CITY-ST-ZIP

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