

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000004591**

1. Entity Name

MOLLY'S TROLLEYS, INC.**FILED**
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90280 046 ***150.00

02797

Principal Place of Business

P.O. BOX 40340
PITTSBURGH PA 15201

Mailing Address

P.O. BOX 40340
PITTSBURGH PA 15201**00030505**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-1776067**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPAGNOL, ROBERT J
1205 WELLINGTON STREET
WEST PALM BEACH FL 33401

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 State10. 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	<input type="checkbox"/> Delete
PCD	STAHLMAN, MOLLY A	239 ONEIDA ST.	PITTSBURGH PA	<input type="checkbox"/>
STD	SPAGNOL, ROBERT J	239 ONEIDA ST.	PITTSBURGH PA	<input type="checkbox"/>
D	ROSSANDER, MICHAEL	1871 SETTLERS RESERVE WAY	WEST LAKE OH	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	STAHLMAN, MOLLY A.	1205 WELLINGTON ST	WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURER + SECRETARY	SPAGNOL, ROBERT J.	1205 WELLINGTON ST.	WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

3-17-01

Date

561-838-9511

Daytime Phone #

CFR2E034 (10/00)