

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H48339

1. Entity Name  
**MOLLY GOODHEAD'S, INC.**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90017 028 \*\*\*150.00

Principal Place of Business  
**400 ORANGE AVENUE**  
**OZONA FL 34660**  
**US**

Mailing Address  
**P.O. BOX 6827**  
**OZONA FL 34660**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**305 Orange Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 6688**  
Suite, Apt. #, etc.

City & State  
**Ozona, FL**

City & State  
**Ozona, FL**

Zip Country  
**34660 U.S.**

Zip Country  
**34660 U.S.**

4. FEI Number **59-2527373**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FLOWERS, LAUREL ANN**  
**400 ORANGE AVENUE**  
**OZONA FL 34265-6827**

7. Name and Address of New Registered Agent  
Name  
**Flowers, Laurel Ann**  
Street Address (P.O. Box Number is Not Acceptable)  
**305 Orange Street**  
City  
**Ozona** **FL** Zip Code  
**34660**

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	ST	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, BETSY		NAME	Gilbert, Betsy	
STREET ADDRESS	399 ORANGE STREET		STREET ADDRESS	P.O. Box 6688	
CITY-ST-ZIP	OZONA FL 34660		CITY-ST-ZIP	Ozona, FL 34660	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, LAUREL ANN		NAME	Flowers, Laurel Ann	
STREET ADDRESS	399 ORANGE STREET		STREET ADDRESS	P.O. Box 6688	
CITY-ST-ZIP	OZONA FL 34660		CITY-ST-ZIP	Ozona, FL 34660	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Laurel Flowers **3/15/01** **727-787-4119**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)