2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H48339

1. Entity Name
MOLLY GOODHEAD'S, INC.

FILED
03 JUL 10 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
400 ORANGE ST OZONA, FL 34660 US	P OB OX 8663 OZONA, FL 34660 US

2. Principal Place of Business	3. Mailing Address
400 Orange Street	P.O. Box 6688
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ozona, FL	City & State: Ozona, FL
Zip: 34660 Country: USA	Zip: 34660 Country: USA

☒ CHECK HERE IF MAKING CHANGES

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
305 ORANGE STREET
OZONA, FL 34265-6827

7. Name and Address of New Registered Agent

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. 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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILBERT, BETSY 305 ORANGE STREET OZONA, FL 34660	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700021765467 07/24/03--01058--023 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOWERS, LAUREL ANN 305 ORANG STREET OZONA, FL 34660	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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.

SIGNATURE: Betsy Gilbert Sec/Tres. 7/9/03 727-787-4119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BETSY GILBERT