

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90027 014 \*\*\*150.00

0431620 AV

<b>DOCUMENT #</b>	<b>J58447</b>
<b>1. Entity Name</b>	
<b>MALCO INC.</b>	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
<b>12602 NORTH 51ST STREET</b>	<b>12602 NORTH 51ST STREET</b>
<b>TAMPA FL 33617</b>	<b>TAMPA FL 33617</b>

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>		<b>59-2804905</b>		<b>Applied For</b>	
				<b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>					
<b>MALLORY, NORMAN D., JR.</b>					
<b>12602 NORTH 51ST STREET</b>					
<b>TAMPA FL 33617</b>					
<b>7. Name and Address of New Registered Agent</b>					
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b>	<input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b>	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	-------------------------------------	---	---	---

<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	<b>D</b>	TITLE	
NAME	<b>MALLORY, NORMAN D. JR.</b>	NAME	
STREET ADDRESS	<b>12602 NORTH 51ST STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	CITY-ST-ZIP	
TITLE	<b>DS</b>	TITLE	
NAME	<b>FOREMAN, SARA M</b>	NAME	
STREET ADDRESS	<b>12602 NORTH 51 STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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:** Norman D. Mallory Jr. **Norman D. Mallory Jr.** **3/6/02** **813 968 4985**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)