

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000001734

FILED  
Jan 14, 2002 8:00 AM  
Secretary of State

Entity Name: MOLDT, P.L.

## Current Principal Place of Business:

50 NORTH LAURA STREET, SUITE 2750  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

50 NORTH LAURA STREET  
SUITE 2500  
JACKSONVILLE, FL 32202

## Current Mailing Address:

50 NORTH LAURA STREET, SUITE 2750  
JACKSONVILLE, FL 32202

## New Mailing Address:

50 NORTH LAURA STREET  
SUITE 2500  
JACKSONVILLE, FL 32202

FEI Number: 59-3565714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOTOLAW, INC.  
50 NORTH LAURA STREET, SUITE 2750  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

MOTOLAW, INC.  
50 NORTH LAURA STREET  
SUITE 2500  
JACKSONVILLE, FL 32202 US

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: ROBERT G. SHAFFER, II, PRESIDENT

01/14/2002

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: LARSEN, PETER O  
Address: 50 NORTH LAURA STREET, SUITE 2750  
City-St-Zip: JACKSONVILLE, FL 32202

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LARSEN, PETER O  
Address: 50 NORTH LAURA STREET, SUITE 2500  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PETER O. LARSEN

MGRM

01/14/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date