

2000 UNIFORM BUSINESS REPORT (UBR)

0012443 AF

DOCUMENT # M97000000172

1. Entity Name
MOLD-EX, LLC

FILED

00 JAN 27 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8052 ARMSTRONG ROAD
MILTON FL 32583

Mailing Address
8052 ARMSTRONG ROAD
MILTON FL 32583-8712



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1759657

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS STREET, SUITE NO. 2
TALLAHASSEE FL 32301

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
DANNENHOFFER, JOHN J
5700 WARD AVE.
VIRGINIA BEACH VA 23455 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
PRICE, CHARLES
5700 WARD AVE.
VIRGINIA BEACH VA 23455 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SALTER, THEODORE
5700 WARD AVE.
VIRGINIA BEACH VA 23455 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
7000003118517-9
-02/01/00-01072-019
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/24/00

Date

(757) 543-5701

Daytime Phone #

CR2E083 (9/99)