

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90048 043 \*\*\*150.00

RECEIVED  
 AV

**DOCUMENT # P01000025178**

**1. Entity Name**  
**MOLLIALI INC.**

**Principal Place of Business**

**8819 SE 120TH PLACE  
 BELLEVUE FL 34420**

**Mailing Address**

**8819 SE 120TH PLACE  
 BELLEVUE FL 34420**

**2. Principal Place of Business**

**1201 Bower Lane**

Suite, Apt. #, etc.

**3. Mailing Address**

**1201 BOWER LANE**

Suite, Apt. #, etc.

**City & State**

**THE VILLAGES FL 32159**

**Zip**

**32159**

**Country**

**LAKK**

**City & State**

**THE VILLAGES FL 32159**

**Zip**

**32159**

**Country**

**LAKK**

**4. FEI Number**

**59-3703831**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**WAGNER, THOMAS  
 8819 SE 120TH PLACE  
 BELLEVUE FL 34420**

**7. Name and Address of New Registered Agent**

**Name**

**THOMAS WAGNER**

**Street Address (P.O. Box Number is Not Acceptable)**

**1201 BOWER LANE**

**City**

**THE VILLAGES**

**FL**

**Zip Code**

**32159**

**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** *THOMAS C. WAGNER*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*3/3/02*

**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, 2002 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**

<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PRES</b>	<b>THOMAS WAGNER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		<b>1201 BOWER LANE</b>	
<b>STREET ADDRESS</b>		<b>THE VILLAGES FL 32159</b>	
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>VPres</b>	<b>THERESA L WAGNER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		<b>1201 BOWER LANE</b>	
<b>STREET ADDRESS</b>		<b>THE VILLAGES FL 32159</b>	
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

**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** *THOMAS C. WAGNER*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/3/02 352-259-7427*  
 Date Daytime Phone

CR2E034 (9/01)