

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2003 8:00 am
Secretary of State

08-29-2003 90094 011 ***150.00

DOCUMENT # P02000099105

1. Entity Name
MOLD MEDIC, INC.



Principal Place of Business
**2275 BRANCHWOOD DRIVE
NEW SMYRNA BEACH FL 32168**

Mailing Address
**2275 BRANCHWOOD DRIVE
NEW SMYRNA BEACH FL 32168**

55056657

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
16-1650806

Applied For
☐ Not Applicable

5. Certificate of Status Desired
☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**KLINETELTER, MELODIE R
2275 BRANCHWOOD DRIVE
NEW SMYRNA BEACH FL 32168**

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 *Melodie Klinefelter* DATE **8/26/03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	D KLINETELTER, JAMES L 2275 BRANCHWOOD DRIVE NEW SMYRNA BEACH FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINETELTER, MELODIE R 2275 BRANCHWOOD DRIVE NEW SMYRNA BEACH FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Melodie Klinefelter* **SIGNATURE REQUIRED**

DATE **9/8/03** DAYTIME PHONE **(386) 423-2392**

CR2E034 (4/03)

Attachment 55056657

PG2000099105

MOLD MEDIC, INC.
2275 BRANCHWOOD DRIVE
NEW SMYRNA BEACH, FL 32168
(386) 423-2392

August 25, 2003

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Please find enclosed check for \$150.00 for our corporate fees. Our F.E.I. number is 16-1650806. We have never gotten any kind of statement from you, until this, which asks for \$550.00. The I. R. S. advised us that there would not be any monies due, until we started the business, and had some income. When we tried to contact someone about this notice, there was no one available to talk to by phone. We then spoke with an attorney, whose client is someone we know, and she informed us we were given the "wrong information". If we had known that there were going to be extra fees, other than the set up cost, we would have waited to start this corporation until there was an income. We also applied for an "S" corporation, which is doesn't look like they put us under.

Please send us information on what we have to do every year, and what monies will be due.

We appreciate your consideration in this matter.

Sincerely,



James & Melodie Klinefelter