

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90308 017 ***150.00

DOCUMENT # P94000079947

1. Entity Name
BRUCE MOLLE & ASSOCIATES, INC.

Principal Place of Business

610 HICKMAN CIR
#100
SANFORD FL 32771
US

Mailing Address

610 HICKMAN CIR
#100
SANFORD FL 32771
US

2. Principal Place of Business

4150 St. Johns Parkway
 Suite, Apt. #, etc.
Suite 1004

Sanford, FL

Zip
32771

Country
USA

3. Mailing Address

4150 St. Johns Parkway
 Suite, Apt. #, etc.
Suite 1004

Sanford, FL

Zip
32771

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3272464

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MOLLE, BRETT
229 AQUA VISTA STREET
DEBARY FL 32713

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.

SIGNATURE *Brett Molle*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-02

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

TITLE
PD
NAME
MOLLE, BRUCE
STREET ADDRESS
229 AQUA VISTA STREET
CITY-ST-ZIP
DEBARY FL 32713

☐ **Delete**

TITLE
STD
NAME
MOLLE, BRETT
STREET ADDRESS
229 AQUA VISTA STREET
CITY-ST-ZIP
DEBARY FL 32713

☐ **Delete**

TITLE
VP
NAME
MOLLE, DORIS
STREET ADDRESS
229 AQUA VISTA ST
CITY-ST-ZIP
DEBARY FL

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

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☐ **Change** ☐ **Addition**

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-02 407-322-1700

CR2E034 (9/01)