2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT P96000033234

1. Entity Name

TSR MOLDS, INC

FILED

01 JUL 25 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1725 98th AVE VERO BEACH, FL 32960	401 COLLEEN AVE N.E. PALM BAY, FL 32907

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country USA BREVARD	Zip / Country USA BREVARD

4. FEI Number 59-3379549 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: ROSALIA RATAJCZYK

Street Address (P.O. Box Number is Not Acceptable): 401 COLLEEN AVE N.E.

City: PALM BAY FL Zip Code: 32907

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: Rosalia Ratajczyk ROSALIA RATAJCZYK 7/17/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RATAJCZYK, ANTONI 401 COLLEEN AVE N.E. PALM BAY, FL 32907	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST RATAJCZYK, ROSALIA 401 COLLEEN AVE N.E. PALM BAY, FL 32907	☑ Change ☑ Addition
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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: Rosalia Ratajczyk ROSALIA RATAJCZYK 7/17/01 321-724-5495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #