

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90773 040 ***150.00

DOCUMENT # **P96060033234**

1. Entity Name

TSR MOLDS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1725 98th AVE.

Suite, Apt. #, etc.

3. Mailing Address

471 COLLEEN NE

Suite, Apt. #, etc.

City & State

VERO BCH, FL.

City & State

PALM BAY, FL.

Zip **32966**

Country **USA**

Zip **32907**

Country **USA**

4. FEI Number

59-3379549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **ROSALIA RATAJCZYK**

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

471 COLLEEN NE

City **PALM BAY**

FL

Zip Code **32907**

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRES.**
NAME **RATAJCZYK, ROSALIA**
STREET ADDRESS **471 COLLEEN NE**
CITY-ST-ZIP **PALM BAY, FL. 32907**

TITLE **VICE-PRES**
NAME **RATAJCZYK, RICHARD**
STREET ADDRESS **9899 RIVERVIEW DR**
CITY-ST-ZIP **MICCO, FL. 32976**

TITLE **SECR.**
NAME **RATAJCZYK, STEVEN**
STREET ADDRESS **9899 RIVERVIEW DR.**
CITY-ST-ZIP **MICCO, FL. 32976**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Rosalia Ratajczyk**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02 321 724-5495

Date

Daytime Phone #