## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

P96000050195

Mailing Address

1. Entity Name

DOCUMENT #

Principal Place of Business

CHOICE TOOL & MOLD, INC.



| FILED                          |
|--------------------------------|
| Apr 21, 2003 8:00 am           |
| Secretary of State             |
| 04 21 2002 00402 000 ***150 00 |

| US  2. Principal Places of Business  Suite. Apri. e. atc.  Suite. Apri. e. atc.  Suite. Apri. e. atc.  Suite. Apri. e. atc.  City & State  Cit   | 9131 - 130TH<br>LARGO FL 33  |                  |             |                     |                       | - 130TH AVE. N.<br>O FL 33773 |           |  |                    |   |                 |               |                                  | ٠           |
|--|--|------------------|-------------|---------------------|-----------------------|-------------------------------|-----------|--|--------------------|---|-----------------|---------------|----------------------------------|-------------|
| Suite, Apl. 4, etc.   Suite, Apl. 4, etc.   GRECK HERE IF MAKING CHANGES  City & State   City & State   City & State   City & State   A. FEI Number 59-3385008   Applied For Price Application   Applied For Price Applied Applied For Price Applied Applied For Price Applied Applied Applied For Price Applied Applied Applied Price Applied Applied Price Applied Applied Price Applied Applied Price Applied Applied Applied Price Applied Applied Applied Price Applied Applied Price Applied Applied Price Applied Applied Applied Price Applied Applied Price Applied Applied Applied Price Applied Applied Applied Price Applied   |  | •                |             |                     |                       |                               |           |  |                    | 1 1 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2           |                 |               |                                  |             |
| City & State  Ci   | 2. Principal Place of Business   |                  |             |                     | 3. Mai                | 3. Mailing Address            |           |  |                    |   |                 |               | <b>0) 0</b>   11   40  0  110  0 |             |
| Sp. Against Desired   Sp. St. Contribute   Sp. St     | Suite, Apt. #, etc.  |                  |             |                     | Suite                 | Suite, Apt. #, etc.           |           |  |                    | ☐ CHECK HERE IF MAKING CHANGES                    |                 |               |                                  |             |
| Scheme and Address of Current Registered Agent  MOREY, LARRY R 1384 BELEVUE BLVD.  CLEARWATER FL 33756  CTndian Shores FL 33768 - 2459 8. The above named only submits in a 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 originations of registered agent, or both in the State of Florida. I am familiar with, and accept the originations of registered agent, or both in the State of Florida. I am familiar with, and accept the originations of registered agent, or both in the State of Florida. I am familiar with, and accept the originations of registered agent, or both in the State of Florida. I am familiar with, and accept the originations of registered agent, or both in the State of Florida. I am familiar with, and accept the originations of registered agent, or both in the State of Florida. I am familiar with, and accept the originations of registered agent, or both in the State of Florida. I am familiar with, and accept the origination of registered agent, or both in the State of Florida. I am familiar with, and accept the origination of registered agent, or both in the State of Florida. I am familiar with, and accept the origination of registered agent, or both in the State of Florida. I am familiar with, and accept the origination of registered agent, or both in the State of Florida. I am familiar with, and accept the origination of registered agent.  FLE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State  10.  | City & State   | е                |             | City                | City & State          |                               |           |  | FEI Number         | 59-33850  | 08              | <u> </u>      |                                  |             |
| MOREY, LARRY R 1384 BELLEVUE BLVD. CLEARWATER FL 33756  The above named entity submits in a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familian with, and accept the offiginations of registered agent.  SIGNATURE Submits the statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familian with, and accept the offiginations of registered agent.  SIGNATURE Submits the statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familian with, and accept the offiginations of registered agent, or both, in the State of Florida. I am familian with, and accept the offiginations of registered agent, or both, in the State of Florida. I am familian with, and accept the originations of registered agent, or both, in the State of Florida. I am familian with, and accept the originations of registered agent, or both, in the State of Florida. I am familian with, and accept the originations of registered agent, or both, in the State of Florida. I am familian with, and accept the originations of registered agent, or both, in the State of Florida. I am familian with, and accept the originations of registered agent, or both, in the State of Florida. I am familian with, and accept the originations of registered agent, or both, in the State of Florida. I am familian with, and accept the origination of the florida and accept the florida   | Zip  |                  | Count       | гу                  | Zip                   | Zip Coun                      |           |  | 5.                 | 5 Certificate of Status Desired \$8.75 Additional |                 |               |                                  |             |
| Street Addresses (FO. Boys Number is Not Acceptable) 20019 Gulf Blvd., Unit 2  CLEARWATER FL 33756  8. The above named onity submits this statement for the purpose of changing its registered disco or registered agent, or both. In the State of Florida. I am familiar with, and except the colligations of registered agent.  SIGNATURE:  SIGNATUR   | 6. Name and Address of Current Registered Agent  |                  |             |                     |                       |                               |           |  |                    | Name and A  | ddress of Ne    | w Registere   | d Agent                          |             |
| ELEARWATER FL 33756  8. The above named entity submits its statement for the purpose of changing its registered agent, or both, in the State of Plotida. I am familiar with, and accept the obligations of registered agent.    Signature    |  |                  |             |                     |                       |                               |           | Street Address (P.O. Box Number is Not Acceptable) |                    |   |                 |               |                                  |             |
| 8. The above named entity submits it is statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |  |                  |             |                     |                       |                               |           |  |                    |   |                 |               |                                  |             |
| 8. The above named entity submits his statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, and agent.  SIGNATURE  Signature, highly firsted dame or signature for signature required when ministricity.  FILE NOW!!! FEE IS \$15000 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME  1384 BELLEVIE BLVD. CICEARWATER FL 33756  TIVE NAME  NAME  NOREY, CAROL L 1384 BELLEVIE BLVD. CICEARWATER FL 33756  TIVE NAME  NAME  NAME  NAME  NAME  NAME  STRETA ADDRESS  CITY-ST-2P  TIVE NAME  STRETA ADD | CLLAINA  | TEN PE 307       | 30          |                     | •                     |                               |           |  |                    |   |                 |               |                                  |             |
| 8. The above named entity submits his statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, and agent.  SIGNATURE  Signature, highly firsted dame or signature for signature required when ministricity.  FILE NOW!!! FEE IS \$15000 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME  1384 BELLEVIE BLVD. CICEARWATER FL 33756  TIVE NAME  NAME  NOREY, CAROL L 1384 BELLEVIE BLVD. CICEARWATER FL 33756  TIVE NAME  NAME  NAME  NAME  NAME  NAME  STRETA ADDRESS  CITY-ST-2P  TIVE NAME  STRETA ADD |  |                  |             |                     |                       |                               |           | City   | ian Sh             | ores  |                 | F             | L ZipCode                        | 2459        |
| FILE NOW!! FEE IS \$15000 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.  | 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 |                  |             |                     |                       |                               |           |  |                    |   |                 |               |                                  |             |
| FILE NOW!!! FEE IS \$15000 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.   | SIGNATURE  | Zary             | 1 Kil       | 11000               |                       |                               |           |  |                    |   |                 | <u> 7//7/</u> | <u>03</u>                        |             |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.  |  | Signature, typed | r printed n | ame of registered a | gent and title if app | licable. (NOTE:               | Registere | d Agent signatu                                    | re required when r | einstating)                                       | <b></b>         | DATE          | :<br>                            |             |
| ARTER May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS   | FILE NOW!!! FEE IS \$15000   |                  |             |                     |                       |                               |           |  |                    | a Floor   | tion Campaian   | Financina     | ee o                             | 0           |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME MOREY, LARRY R 1384 BELLEVUE BLVD. CLEARWATER FL 33756  TITLE NAME NAME MOREY, CAROL L 11TLE NAME NAME NAME NAME NAME NAME NAME NAM  |  | •                |             |                     | 1                     |                               |           | •  |                    |   |                 |               |                                  |             |
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|  |  |                  | lafe        | V== = 11= 1         | with the PP-          | do on not confirm             | _         | 1  | and in Carreta     | 110.07/0\/"                                       | Floride Order:  | - 1 for all - |                                  | formatic :  |

of the exemption state in mornation supplied with this fining does not quality of the exemption state in section 119.07(3)(f). Florida statutes. 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: