

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

01-17-2003 90103 008 ***150.00

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1. Entity Name
MOLDING MAN, INC.



Principal Place of Business
23205 OLD INLET BRIDGE DR.
BOCA RATON FL 33433

Mailing Address
23205 OLD INLET BRIDGE DR.
BOCA RATON FL 33433



2. Principal Place of Business

3. Mailing Address

10776 Queen Palm Ct
Suite, Apt. #, etc.

10776 Queen Palm Ct
Suite, Apt. #, etc.

City & State

Boca Raton, FL.

City & State

Boca Raton FL.

Zip

33498

Country

Zip

33498

Country

4. FEI Number **65-0786874**

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

7. Name and Address of New Registered Agent

MILLER, MICHAEL G
23205 OLD INLET BRIDGE DR.
BOCA RATON FL 33433

Name **Miller, Michael G.**
Street Address (P.O. Box Number is Not Acceptable) **10776 Queen Palm Ct**
City **Boca Raton** **FL** **Zip Code** **33498**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DP		
	MILLER, MICHAEL G	23205 OLD INLET BRIDGE DR.	10776 Queen Palm Ct
		BOCA RATON FL 33433	Boca Raton FL 33498
	DVP		
	MILLER, HOLLY L	23205 OLD INLET BRIDGE DR.	10776 Queen Palm Ct
		BOCA RATON FL 33433	Boca Raton FL 33498

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)