

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90353 015 ***150.00

DOCUMENT # P98000012214

1. Entity Name
MOLITOR BUILDERS, INC.



Principal Place of Business
815 S. WASHINGTON AVE., STE. 102
TITUSVILLE FL 32780
US

Mailing Address
815 S. WASHINGTON AVE., STE. 102
TITUSVILLE FL 32780
US



2. Principal Place of Business
5401 RIVEREDGE DRIVE

3. Mailing Address
5401 RIVEREDGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
TITUSVILLE, FLORIDA

City & State
TITUSVILLE, FLORIDA

4. FEI Number 59-3493667

Applied For
Not Applicable

Zip 32780 **Country** US

Zip 32780 **Country** US

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

6. Name and Address of Current Registered Agent

MOLITOR, ROGER J
815 S. WASHINGTON AVE., STE. 102
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name ROGER J. MOLITOR

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

5401 RIVEREDGE DRIVE

City TITUSVILLE

FL

Zip Code 32780

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.**

ROGER J. MOLITOR

1/20/2003

(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 P ☐ Delete
NAME MOLITOR, ROGER J
STREET ADDRESS 4665 ALBANY STREET
CITY-ST-ZIP COCOA FL 32927

TITLE P,D ☒ Change ☐ Addition
NAME MOLITOR, ROGER J.
STREET ADDRESS 5401 RIVEREDGE DRIVE
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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.

(321) 268-3640

SIGNATURE: **ROGER J. MOLITOR, PRESIDENT** 1/20/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)