FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-27-2002 90438 017 ***150.00 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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DOCUMENT # P99000025329

1. Entity Name

Molly, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4234 Francis Ann Ct.	P.O. Box 847
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Zellwood Fl.	City & State: Zellwood Fl.
Zip: 32798 Country: USA	Zip: 32798 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3571179 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Raymond V. Mitchell

Street Address (P.O. Box Number is Not Acceptable): PO Box 847 - 4234 Francis Ann Ct

City: Zellwood FL Zip Code: 32798

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: Raymond V. Mitchell ______ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	President	TITLE	
NAME	Raymond V. Mitchell	NAME	
STREET ADDRESS	P.O. Box 84 Zellwood Fl 32798	STREET ADDRESS	
CITY-ST-ZIP	4234 Francis Ann Ct	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE: Raymond V. Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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