

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043345

1. Entity Name

MOLESBURY INVESTMENTS, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90072 010 \*\*\*150.00

Principal Place of Business

243 W. PARK AVENUE  
SUITE 201  
WINTER PARK FL 32789

Mailing Address

243 W. PARK AVENUE  
SUITE 201  
WINTER PARK FL 32789-7001

2. Principal Place of Business

3501 West Vine St

Suite, Apt. #, etc.

119

3. Mailing Address

3501 West Vine St

Suite, Apt. #, etc.

119

City & State

Kissimmee Florida

City & State

Kissimmee FL

4. FEI Number

59-3578091

Applied For

Not Applicable

Zip

34741

Country

USA

Zip

34741

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOLESBURY, CHARLES  
3501 W VINE ST STE 119  
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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)

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 Fee will be \$550.00**

**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 PD  
NAME MOLESBURY, CHARLES  
STREET ADDRESS 13 HAWTHORN SPINNEY, HUNTINGTON, YORK  
CITY-ST-ZIP ENGLAND Y031 9JQ ☐ Delete

TITLE VD  
NAME MOLESBURY, BRENDA  
STREET ADDRESS 13 HAWTHORN SPINNEY, HUNTINGTON, YORK  
CITY-ST-ZIP ENGLAND Y031 9JQ ☐ Delete

TITLE S  
NAME LARSEN, ERIK C  
STREET ADDRESS 243 W. PARK AVENUE, SUITE 201  
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MOLESBURY CHARLES  
STREET ADDRESS 3223 Falcon Point Drive  
CITY-ST-ZIP KISSIMMEE FLORIDA 34741 ☒ Change ☐ Addition

TITLE VD  
NAME MOLESBURY BRENDA  
STREET ADDRESS 3223 FALCON POINT DRIVE  
CITY-ST-ZIP KISSIMMEE FLORIDA 34741 ☒ Change ☐ Addition

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

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

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CA MOLESBURY  
19/1/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-931-4868

CR2E034 (9/99)