

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91324 006 \*\*\*150.00

**DOCUMENT # P99000043345**

1. Entity Name

**MOLESBURY INVESTMENTS, INC.****722445**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
<b>3501 WEST VINE ST 119 KISSIMMEE FL 34741</b>	<b>3501 WEST VINE ST 119 KISSIMMEE FL 34741</b>

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
<b>59-3578091</b>	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
<b>MOLESBURY, CHARLES 3501 W VINE ST STE 119 KISSIMMEE FL 34741</b>

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 and title 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	<b>MOLESBURY, CHARLES</b>	NAME	
STREET ADDRESS	<b>3223 FALCON POINT DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	<b>MOLESBURY, BRENDA</b>	NAME	
STREET ADDRESS	<b>3223 FALCON POINT DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	<b>LARSEN, ERIK C</b>	NAME	
STREET ADDRESS	<b>243 W. PARK AVENUE, SUITE 201</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **1st April 2001.** **407-931-4868**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)