

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90276 023 ***150.00

0052960 AV

DOCUMENT # P99000043345**1. Entity Name**
MOLESBURY INVESTMENTS, INC.**Principal Place of Business****3501 WEST VINE ST**
119
KISSIMMEE FL 34741**Mailing Address****3501 WEST VINE ST**
119
KISSIMMEE FL 34741**2. Principal Place of Business****FALCON POINT DRIVE**
Suite, Apt. #, etc.
3223**3. Mailing Address****FALCON POINT DRIVE**
Suite, Apt. #, etc.
3223**City & State****Kissimmee, FL****City & State****Kissimmee, FL****Zip****34741****Country****USA****Zip****34741****Country****USA**

DO NOT WRITE IN THIS SPACE

**4. FEI Number** **59-3578091****Applied For****Not Applicable****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 and title if applicable.

C.A. MOLESBURY

(NOTE: Registered Agent signature required when reinstating)

DATE**22Feb 02****9. This corporation is eligible to satisfy its Intangible**
Tax filing requirement and elects to do so.
3. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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** ☐ Delete
NAME **PD**
MOLESBURY, CHARLES
STREET ADDRESS **3223 FALCON POINT DR**
CITY-ST-ZIP **KISSIMMEE FL 34741****TITLE** ☐ Delete
NAME **VD**
MOLESBURY, BRENDA
STREET ADDRESS **3223 FALCON POINT DR**
CITY-ST-ZIP **KISSIMMEE FL 34741****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:****C.A. MOLESBURY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**22Feb 02**

Date

407-343-9777

Daytime Phone #

CR2E034 (9/01)