

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060943

1. Entity Name
MODERN SILICONE TECHNOLOGIES, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90199 025 ***150.00

Principal Place of Business
10750 ENDEAVOUR WAY
A
LARGO FL 33777
US

Mailing Address
10750 ENDEAVOUR WAY
A
LARGO FL 33777
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3261955

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name ARON GRUNFELD

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

10750 ENDEAVOUR WAY

City LARGO

FL

Zip Code 33777

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 D
NAME OLSON, DAVID W
STREET ADDRESS 10330 MULBERRY WAY
CITY-ST-ZIP LARGO FL 34647 ☒ Delete

TITLE D
NAME MORRIS, CHARLES H. O
STREET ADDRESS 7796 ALISTER MACKENZIE DR.
CITY-ST-ZIP SARASOTA FL 34241 ☒ Delete

TITLE D
NAME GRUNFELD, ARON
STREET ADDRESS 6511 PROESOL AVE
CITY-ST-ZIP LINCOLNWOOD FL 60645 ☐ 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
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARON GRUNFELD

Date

Daytime Phone #

1-17-01 1-847674-7666

CR2E034 (10/00)