

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90609 048 \*\*\*\*55.00

DOCUMENT # L01000000394

1. Entity Name **Modica & Belford, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**8961 SE Bridge Road**

Suite, Apt. #, etc.

3. Mailing Address

**8961 SE Bridge Road**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Hobe Sound, FL**

City & State

**Hobe Sound, FL**

4. FEI Number

**65-1098647**

Applied For

Not Applicable

Zip

**33455**

Country

**USA**

Zip

**33455**

Country

**USA**

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Andrew Belford**

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

**8961 SE Bridge Road**

City

**Hobe Sound**

**FL**

Zip Code

**33455**

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MM**

**Charles R. Modica**

**8961 SE Bridge Road  
Hobe Sound, FL 33455**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MM**

**Andrew Belford**

**8961 SE Bridge Road  
Hobe Sound, FL 33455**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**May 1, 2002**

**772-546-7088**

CR2E083B (12/01)