

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90703 001 \*\*\*317.50

**DOCUMENT # F00000003908**

1. Entity Name  
**MODTECH HOLDINGS, INC.**



Principal Place of Business  
**2830 BARRETT AVENUE  
PERRIS CA 92571**

Mailing Address  
**2830 BARRETT AVENUE  
PERRIS CA 92571**



☐ CHECK HERE IF MAKING CHANGES

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 <b>33-0825386</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**PARACORP INCORPORATED  
236 E. 6TH AVENUE  
TALLAHASSEE FL 32303**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBER, EVAN M	NAME	
STREET ADDRESS	2830 BARRETT AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PERRIS CA 92571	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODES, MICHAEL G	NAME	
STREET ADDRESS	2830 BARRETT AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PERRIS CA 92571	CITY-ST-ZIP	
TITLE	SC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALGREN, SHARI	NAME	
STREET ADDRESS	2830 BARRETT AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PERRIS CA 92571	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGETTIGAN, CHARLES C	NAME	
STREET ADDRESS	2830 BARRETT AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PERRIS CA 92571	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICK, MYRON A III	NAME	
STREET ADDRESS	2830 BARRETT AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PERRIS CA 92571	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03 (909) 943-4014

Date

Daytime Phone #

CR2E034 (10/02)