

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90717 030 ***150.00

DOCUMENT # F53275

1. Entity Name
MODERN AIDS, INC.



Principal Place of Business
**1265 W GRANADA BLVD.
STE 4
ORMOND BEACH FL 32174**

Mailing Address
**1265 W GRANADA BLVD.
STE 4
ORMOND BEACH FL 32174**



2. Principal Place of Business

3. Mailing Address

4606 S. Clyde Morris

4606 S. Clyde Morris

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Port Orange, FL

Port Orange, FL

4. FEI Number **59-2147927**

Applied For

Not Applicable

Zip

Country

Zip

Country

32119

Volusia

32119

Volusia

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, JOHN A.
62 INDIAN HEAD DR
ORMOND BEACH FL 32174**

Name

John B. Davis

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

ST ORMOND GREEN BLVD

City

Ormond Beach

FL

Zip Code

32174

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

John B. Davis

3/28/03

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 **PDP** ☐ Delete
NAME **DAVIS, JOHN A**
STREET ADDRESS **62 INDIAN HEAD DR**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **President** ☒ Change ☐ Addition
NAME **John A. Davis**
STREET ADDRESS **1316 MISTY MEAD DR.**
CITY-ST-ZIP **SEVIERVILLE, TN 37876**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP **865-774-0034**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

John A. Davis President

4/1/03

386-761-9601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)