

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90158 006 ***150.00

DOCUMENT # F97000005031
 1. Entity Name
MODE OF OHIO CORPORATION

Principal Place of Business: **SALLY'S ON SIESTA SARASOTA FL 34242**
 Mailing Address: **5131 OCEAN BLVD SARASOTA FL 34242**



2. Principal Place of Business: **5131 OCEAN BLVD**
 Suite, Apt. #, etc.:
 3. Mailing Address: **Same**
 Suite, Apt. #, etc.:

DO NOT WRITE IN THIS SPACE

City & State: **SIESTA KEY FL**
 Zip: **34242** Country: **USA**

4. FEI Number: **31-1211840**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
STROM, JERRY
5111 OCEAN BLVD.
SARASOTA FL 34242

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: *Jerry Strom* (NOTE: Registered Agent signature required when reinstating)
 DATE: 1/10/02

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, 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: PVT <input type="checkbox"/> Delete	NAME: HAWTHORNE, SARA J
STREET ADDRESS: 1476 W. ALEX-BELL RD.	CITY-ST-ZIP: DAYTON OH 45459
TITLE: SD <input type="checkbox"/> Delete	NAME: SPAYD, ROBERT V
STREET ADDRESS: 386 RUE MARSEILLE	CITY-ST-ZIP: DAYTON OH 45459
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *Sara Jane Hawthorne* DATE: 1/10/02 DAYTIME PHONE #: 941-346-5388

CR2E034 (9/01)