

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90213 038 ***158.75

DOCUMENT # H12404

1. Entity Name
MODUS OPERANDI, INC.



Principal Place of Business
**122 4TH AVENUE
INDIALANTIC FL 32903
US**

Mailing Address
**122 4TH AVENUE
INDIALANTIC FL 32903
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 **59-2440972**

Applied For
Not Applicable

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

**DYSON, PETER B.
122 4TH AVE
INDIALANTIC FL 32903**

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**

**SEE ATTACHED
FOR ADDITIONAL
OFFICERS & DIRECTORS**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
DYSON, PETER B
122 FOURTH AVENUE
INDIALANTIC FL 32903** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KENNEDY, DONALD
5610 GROVE POINT RD
ALPHARETTA GA 30022** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
HIGHT, JACK
369 S LAKE DR.
PALM BEACH FL 33480** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LINSTROTH, JOHN
8 INTERLACHEN CIRCLE
WEST PALM BEACH FL 33401** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
DIKE, JAMES JR.
1918 SLOANE BLVD.
MELBOURNE FL 32935** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FLYNN, DANIEL
5 WINDJAMMER POINT
MERRITT ISLAND FL 32952** ☒ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 13, 2003

Date

321-984-3370

Daytime Phone #

CR2E034 (10/02)

Attachment

90059261

Modus Operandi, Inc.

Document # H12404

2003 Additional Directors

Title	Director
Name	Russ Morcom
Street Address	339 Coral Way West
City-ST-Zip	Indialantic, FL 32903

Title	Director
Name	C.O. Woody
Street Address	12515 Woody-Enos Drive
City-ST-Zip	Suches, GA 30572

Title	Secretary/Controller
Name	Susan K. Wood
Street Address	224 Nemo Circle N.E.
City-ST-Zip	Palm Bay, FL 32907