

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90377 049 \*\*\*150.00

**DOCUMENT # K06689**

**1. Entity Name**  
**MODERN BUSINESS ASSOCIATES V, INC.**

**Principal Place of Business**

**475 CENTRAL AVENUE**  
**STE 100**  
**SAINT PETERSBURG FL 33701**  
**US**

**Mailing Address**

**475 CENTRAL AVENUE**  
**STE 100**  
**SAINT PETERSBURG FL 33701**  
**US**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **59-2865066**

Applied For  
 Not Applicable

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

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

**LEITELLIER, MARK**  
**475 CENTRAL AVE**  
**SUITE 100**  
**SAINT PETERSBURG FL 33701**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

**3. 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	RICE, JACK S SR.	
STREET ADDRESS	475 CENTRAL AVE SUITE 100	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RICE, JACK S JR.	
STREET ADDRESS	475 CENTRAL AVE SUITE 100	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MASCARA, ERNEST L	
STREET ADDRESS	475 CENTRAL AVE SUITE M-6	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEITELLIER, MARK P	
STREET ADDRESS	475 CENTRAL AVE SUITE 100	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRELL, ROY J JR	
STREET ADDRESS	475 CENTRAL AVE, SUITE 100	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, SUSAN	
STREET ADDRESS	475 CENTRAL AVE SUITE 100	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	

**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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowers.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

Date

(727) 894-4622

Daytime Phone #

CR2E034 (9/01)