

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90231 036 ****50.00

DOCUMENT # L00000013698

1. Entity Name

MOD VENTURES, LLC

Principal Place of Business

**201 E. PINE STREET, SUITE 445
ORLANDO FL 32801**

Mailing Address

**201 E. PINE STREET, SUITE 445
ORLANDO FL 32801**

2. Principal Place of Business

27 N. SUMMERLIN AVENUE

3. Mailing Address

27 N. Summerlin Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Orlando, FL

4. FEI Number

38-3480369

Applied For

Not Applicable

Zip

32801

Country

Orange

Zip

32801

Country

Orange

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'DONNELL, MICHAEL J

**530 EAST CENTRAL BLVD., #1601 27 N. Summerlin Ave.
ORLANDO FL 32801**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ODONNELL, MICHAEL J
530 EAST CENTRAL BLVD., #1601 27 N. Summerlin
ORLANDO FL 32801**

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)