

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90296 042 ****55.00

DOCUMENT # L01000009027

1. Entity Name
MODO, LLC

Principal Place of Business
**501 EAST KENNEDY BLVD., STE. 1400
 TAMPA FL 33602**

Mailing Address
**501 EAST KENNEDY BLVD., STE. 1400
 TAMPA FL 33602**

2. Principal Place of Business
603 7th St. S
 Suite, Apt. #, etc.

3. Mailing Address
603 7th St. S.
 Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL
 Zip
33701
 Country
USA

City & State
ST. PETERSBURG, FL
 Zip
33701
 Country
USA

4. FEI Number
59-3738364
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**DANAHER, THOMAS W ESQ.
 501 EAST KENNEDY BLVD., STE. 1400
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name
Kelli Moss
 Street Address (P.O. Box Number is Not Acceptable)
1160 WEXFORD DR
 City
PALM HARBOR FL Zip Code
34683

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  **Kelli L. Moss** DATE **6-10-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOSS, KELLI L 1160 WEXFORD DR. PALM HARBOUR FL 34683-6043 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DORNISH, KATHLEEN 1160 WEXFORD DR. PALM HARBOUR FL 34683-6043 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Kelli L. Moss** DATE **6-10-02** Daytime Phone # **(727) 825-0052**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)