

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90928 007 \*\*\*150.00

DOCUMENT # **700000029441**

1. Entity Name

**Mod Berry Comm. Corp.**

**DO NOT WRITE IN THIS SPACE**

**869994**

2. Principal Place of Business

**1961 Charlais St.**

Suite, Apt. #, etc.

**Tallahassee FL 32317**

City & State

3. Mailing Address

**1961 Charlais St.**

Suite, Apt. #, etc.

City & State

**Tallahassee FL**

Zip

**32317**

Country

Zip

**32317**

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Thomas Gregory**

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

**1961 Charlais St.**

City

**Talla. FL**

FL

Zip Code

**32317**

**DO NOT WRITE  
IN THIS SPACE**

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

**6/14/02**

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

NAME

STREET ADDRESS

CITY-ST-ZIP

**President  
Thomas P. Gregory  
1961 Charlais St.  
Talla. FL 32317**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/14/02**

Date

**413-9633**

Daytime Phone #

CR20034B (12/01)

Attachment  
att# P00000029441

869994

To whom it may concern

I did not receive my

UBR for this year. I

did move in January and

the current location is

~~reflected on my submitted~~

UBR form. I did not

know the form was to

be submitted before May 1st

so I include check for 150<sup>00</sup>