

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90340 001 \*\*\*150.00

0442690 AV

**DOCUMENT # P00000039185**

1. Entity Name  
**MODI ENTERPRISES INC**



Principal Place of Business  
**6007 N. 12TH ST.  
ZEPHYRHILLS FL 33540**

Mailing Address  
**6007 N. 12TH ST.  
ZEPHYRHILLS FL 33540**



2. Principal Place of Business  
**6007 N. 12TH ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**6007 N. 12TH ST.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**ZEPHYRHILLS-FL**  
Zip  
**33542** Country  
**PASCO**

City & State  
**ZEPHYRHILLS-FL**  
Zip  
**33542** Country  
**PASCO**

4. FEI Number **59-3637554**

Applic For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MODI, DINESH K  
6007 N. 12TH ST.  
ZEPHYRHILLS FL 33540**

7. Name and Address of New Registered Agent

Name  
**MODI DINESH K.**  
Street Address (P.O. Box Number is Not Acceptable)  
**6007 N. 12th ST.**  
City  
**ZEPHYRHILLS** FL Zip Code  
**33542**

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]* **DINESH MODI (Agent)** **4/25/03**  
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**

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  
**PTD  
MODI, SHRENIK D  
12930 BIG SUR DR  
TAMPA FL 33625** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MODI, DINESH K  
12930 BIG SUR DR  
TAMPA FL 33625** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MODI, DINESH K.  
12930 BIG SUR DR.  
TAMPA-FL-33625** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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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]* **MODI DINESH K. MODI** **4/25/03 (813) 783-8546**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)