


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

08-28-2003 90066 007 \*\*\*550.00

SECRET  
AV

**DOCUMENT #** P00000046400 N  
**1. Entity Name**  
 MODERN OFFICE, INC. *(Handwritten: 2/3/03)*



**Principal Place of Business**  
 3630 LAKE BLVD. N.  
 CLEARWATER FL 33762

**Mailing Address**  
 3630 LAKE BLVD. N.  
 CLEARWATER FL 33762



<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

**4. FEI Number** 59-3645693 Applied For  
Not Applicable

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

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

**SPIEGEL & UTRERA, P.A.**  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

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

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD EICHORN, PHILIP T 8800 49TH STREET NORTH PINELLAS PARK FL 33782	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Philip T. Black 3630 Lake Blvd. N. Clearwater, FL 33762	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>(See attached doc for legal name change)</i>
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
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

**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:** *(Handwritten Signature)* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **8-25-03 727-415-3102**

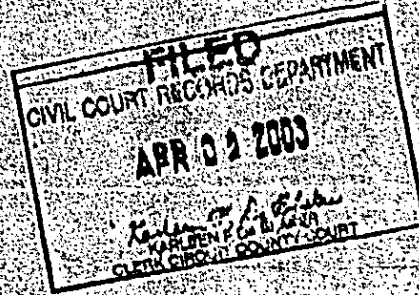
CR2E034 (4/03)

ATTACHMENT  
# P00000046400  
80141694

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT  
IN AND FOR PINELLAS COUNTY, STATE OF FLORIDA  
UCN: 522003DR001363XXFDFD  
REF: 03-1363-FD-25

IN RE: THE PETITION OF:

*Philip Thomas Eichorn,*  
Petitioner.



03-130874 APR 2-2003 10:12pm  
PINELLAS CO BK 12643 PG 701

FINAL JUDGMENT CHANGE OF NAME

THIS CAUSE came before the Court upon the Report and Recommendations of the General Master entered after hearing *March 27, 2003*. The Court, after reviewing said Report and the record herein and being otherwise advised in the premises, finds that this Court has jurisdiction over the Petitioner and the subject matter of this proceeding and that the relief recommended by the General Master should be confirmed and made an Order of this Court. It is therefore

ORDERED and ADJUDGED the name of the Petitioner, *Philip Thomas Eichorn*, shall be changed to *Phillip Thomas Black* by which he shall henceforth be known.

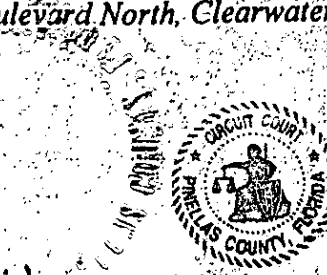
DONE AND ORDERED in Chambers, Pinellas County, Florida on this 1 day of

Apr, 2003.

*John Selzer*  
CIRCUIT JUDGE

Copy/Copies to:

*Philip Thomas Eichorn, 3630 Lake Boulevard North, Clearwater, FL 33762*



STATE OF FLORIDA PINELLAS COUNTY

I hereby certify that the foregoing is a true copy as the same appears among the files and records of this court.

This 1 day of Apr, 2003

KARLEEN F. BLAKER  
Clerk of Circuit Court

By: *Maura P. Meekins*  
Deputy Clerk