5/1/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-01-2001 90118 044 ***150.00

DOCUMENT # P00000053558

1. Entity Name
MOD WORKS ENGINEERING, INC.

Principal Place of Business	Mailing Address
8250 SKYLANE WAY PUNTA GORDA FL 33982	8250 SKYLANE WAY PUNTA GORDA FL 33982

2. Principal Place of Business	3. Mailing Address
8249 SKYLANE WAY	8249 SKYLANE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1010641 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COONS, TIMOTHY 8250 SKYLANE WAY PUNTA GORDA FL 33982	Name: KATHLEEN A. CONNON Street Address (P.O. Box Number is Not Acceptable): 8249 SKYLANE WAY City: PUNTA GORDA — Zip Code: 33982

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 Kathleen A. Connon — 5/21/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

[illegible] $150.00
After May 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	☒ Delete	PTD	☒ Change ☐ Addition
NAME	COONS, TIMOTHY		KATHLEEN A. CONNON	
STREET ADDRESS	8250 SKYLANE WAY		173 Pheasant Hollow Dr.	
CITY-ST-ZIP	PUNTA GORDA FL 33982		BURR RIDGE, IL 60521	
TITLE		☐ Delete	D	☒ Change ☐ Addition
NAME			TIMOTHY COONS	
STREET ADDRESS			8249 SKYLANE WAY	
CITY-ST-ZIP			PUNTA GORDA, FL 33982	
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
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STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Kathleen A. Connon — KATHLEEN A. CONNON — 4/27/01 — 1-630-325-9195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)