2001 UNIFORM BUSINESS REPORT (UBR)

5/1/

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

DO NOT WRITE IN THIS SPACE

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

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

COONS, TIMOTHY
8250 SKYLANE WAY
PUNTA GORDA FL 33982

7. Name and Address of New Registered Agent

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

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

FOR CORPORATIONS FEE IS $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD COONS, TIMOTHY 8250 SKYLANE WAY PUNTA GORDA FL 33982	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD KATHLEEN A. CONNON 173 Pheasant Hollow Dr. BURR RIDGE, IL 60521	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIMOTHY COONS 8249 SKYLANE WAY PUNTA GORDA, FL 33982	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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 #