

FILED
May 19, 2003 8:00 am
Secretary of State

04-24-2003 90216 027 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053558			
1. Entity Name MOD WORKS ENGINEERING, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address SAME	
Suite, Apt. #, etc. 8250 SKYLANE WAY		Suite, Apt. #, etc.	
City & State PUNTA GORDA FL		City & State	
Zip 33982		Country USA	
4. FEI Number 65-1010641		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name KATHLEEN A. CONNOR			
Street Address (or P.O. Box Number, if Not Applicable) 3410 B SUNSET KEY			
City PUNTA GORDA FL Zip Code 33955			
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			
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 PTD CONNOR, KATHLEEN A. 173 PHEASANT HOLLOW DR BURR RIDGE, IL 60527		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 empowered.			
SIGNATURE: KATHLEEN A. CONNOR		4-22-03 941-637-1794	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	