

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000054848**1. Entity Name
MODERN CAD ARCHITECTURAL GRAPHICS INC.Principal Place of Business
2036 HYDE PARK STREET
SARASOTA FL 34239
Mailing Address
2036 HYDE PARK STREET
SARASOTA FL 342392. Principal Place of Business
2036 HYDE PARK STREET
3. Mailing Address
2036 HYDE PARK STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA FL
City & State
SARASOTA FLZip
342393937
Country
US
Zip
342393937
Country
US4. FEI Number
65-1019454
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****BEDELL LEWIS**
2036 HYDE PARK STREETSARASOTA FL
34239**7. Name and Address of New Registered Agent**Name
BEDELL LEWIS
Street Address (P.O. Box Number is Not Acceptable)
2036 HYDE PARK STREETCity
SARASOTA FL
Zip Code
342393937

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 _____ **04/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	MR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	BEDELL LEWIS	2036 HYDE PARK STREET	SARASOTA FL 342393937	CVP		
	MELSON ROBERT	2036 HYDE PARK STREET	SARASOTA FL 342393937	LPRES		

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: LEWIS C. BEDELL

VP

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)