

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22480

1. Entity Name
MODERN TECHNOLOGIES CORPORATION

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90358 030 ***150.00

816371



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4032 LINDEN AVE. 4032 LINDEN AVE.
DAYTON OH 45432 DAYTON OH 45432

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

634 Anchorage ST, NW

City & State City & State

FT. WALTON BEACH, FL

Zip Country Zip Country

32548 USA

4. FEI Number **31-1150875**

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

SOIN, RAJESH K.
625 W. SUNSET BLVD.
FT. WALTON BEACH FL 32548

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.

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) ☐

FILE NOW!!! 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 ☐ Delete
NAME **CEO/DIRECTOR**
STREET ADDRESS **SOIN, RAJESH K.**
CITY-ST-ZIP **4261 GULF SHORE BLVD.**
NAPLES FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **655 Longboat Key Club Road**
CITY-ST-ZIP **Longboat Key, FL**

TITLE ☐ Delete
NAME **PRESIDENT**
STREET ADDRESS **Michael Solley**
CITY-ST-ZIP **4602 Southwinds Trace Drive**
DESTIN, FL 32541-7851

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **Exec. Vice-President**
STREET ADDRESS **BENJAMIN D. CERNE**
CITY-ST-ZIP **2146 Indian Ripple Road**
YENIA, OH 45385

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)