

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90106 039 \*\*\*150.00

**DOCUMENT # P95000080324**

1. Entity Name

**PHASE ONE SITE ASSESSORS, INC.**

Principal Place of Business

**310 ALMOND STREET  
CLERMONT FL 34711**

Mailing Address

**310 ALMOND ST  
CLERMONT FL 34711  
US**

2. Principal Place of Business

**302 MOHAWK ROAD**

3. Mailing Address

**302 MOHAWK ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CLERMONT, FL**

City & State

**CLERMONT, FL**

4. FEI Number

**59-3344747**

Applied For

Not Applicable

Zip

**34711**

Country

Zip

**34711**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MODICA, JAMES  
310 ALMOND STREET  
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name **MODICA, JAMES**

Street Address (R.O. Box Number is Not Acceptable)

**302 MOHAWK ROAD**

City **CLERMONT**

**FL**

Zip Code **34711**

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)

**JAMES MODICA, PRES.**

**2-6-02**

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, 2002 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	<b>MODICA, JAMES</b>	
STREET ADDRESS	<b>310 ALMOND STREET</b>	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	<b>MIKLOS, JOHN</b>	
STREET ADDRESS	<b>310 ALMOND STREET</b>	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MODICA, JAMES</b>	
STREET ADDRESS	<b>302 MOHAWK ROAD</b>	
CITY-ST-ZIP	<b>CLERMONT, FL 34711</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES MODICA, PRES.**

Date

**2/6/02**

Daytime Phone #

**(352) 394-2000**

CR2E034 (9/01)