

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0036783
 AV

DOCUMENT # P95000085444

1. Entity Name
MODULAR DESIGNS, INC.

04-08-2002 90074 043 ***150.00

Principal Place of Business
 7568 PHILLIPS HIGHWAY
 STE. 100
 JACKSONVILLE FL 32256
 US

Mailing Address
 7568 PHILLIPS HIGHWAY
 STE. 100
 JACKSONVILLE FL 32256
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 9450 PHILLIPS HIGHWAY
 Suite, Apt. #, etc.
 SUITE 4A
 City & State
 JACKSONVILLE FL
 Zip
 32256
 Country
 US

3. Mailing Address
 9450 PHILLIPS HIGHWAY
 Suite, Apt. #, etc.
 SUITE 4A
 City & State
 JACKSONVILLE FL
 Zip
 32256
 Country
 US

4. FEI Number 59-3344494
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCKENZIE, DANIEL A
 2546 SCOTT MILL DR S
 JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCKENZIE, DANIEL A	
STREET ADDRESS	2546 SCOTT MILL DR S	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, CHRISTOPHER R	
STREET ADDRESS	390 LYNN COVE RD	
CITY-ST-ZIP	ASHVILLE NC 28804	
TITLE	C	<input type="checkbox"/> Delete
NAME	SMITH, RONNIE	
STREET ADDRESS	11 QUAIL ST	
CITY-ST-ZIP	CLYDE NC 28721	
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		<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		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

3-27-02 (828) 299-3300

CR2E034 (9/01)