

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90026 013 \*\*\*150.00

**DOCUMENT # P97000022908**

1. Entity Name

**MODIS/COMPUTER ACTION, INC.**

Principal Place of Business

**1 INDEPENDENT DR  
 JACKSONVILLE FL 32302  
 US**

Mailing Address

**1 INDEPENDENT DR  
 ATTN: TAX DEPT  
 JACKSONVILLE FL 32202  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3444066**

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

**CORPORATION SERVICE COMPANY**

**1201 HAYS STREET  
 TALLAHASSEE FL 32301**

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  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEWAN DEREK E ONE INDEPENDENT DR JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ABNEY MICHAEL D ONE INDEPENDENT DR JACKSONVILLE FL 32202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAYO, MARZ M ONE INDEPENDENT DR JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAYNE, TIMOTHY D ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS MARSHALL, JOHN ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOT ROBINSON, GERALD ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202	<input type="checkbox"/> Delete

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

*please see attached*

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 (9/01)

Attachment

P97000022908

Officers and Board of Directors		Modis, Inc.	
Title	Name	Social Security #	Business Address
Chairman of the Board	Derek E. Dewan	041-42-1309	One Independent Drive Jacksonville, FL 32202
Sr. Vice President Treasurer	Robert Crouch	264-69-1176	One Independent Drive Jacksonville, FL 32202
Sr. Vice President Secretary	Marc M. Mayo	267-13-6753	One Independent Drive Jacksonville, FL 32202
Chief Executive Officer	Timothy D. Payne	563-29-9957	One Independent Drive Jacksonville, FL 32202
President	Jack Cullen	147-54-9784	One Independent Drive Jacksonville, FL 32202
VP of Taxes	Gerald Robinson	051-62-4431	One Independent Drive Jacksonville, FL 32202