

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA7000074599**

1. Entity Name

MODA For The Home Inc.

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90429 008 ***158.75

Principal Place of Business

Mailing Address

3115 Bay to Bay W.

2506 S MACDILL AVE

STE A

TAMPA FL 33629

US

2. Principal Place of Business

3. Mailing Address

600 S. MAGNOLIA

600 S. MAGNOLIA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

375

375

City & State

City & State

TAMPA, FLORIDA

TAMPA FLORIDA

Zip

Country

Zip

Country

33606

USA

33606

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RORECH, MAUREEN A

2506 S MACDILL AVE

STE A

TAMPA FL 33629

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	D	<input type="checkbox"/> Delete
NAME	RORECH, MAUREEN A	
STREET ADDRESS	8105 WATROUS AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 #