

2000 UNIFORM BUSINESS REPORT (UBR)

3

DOCUMENT # P97000094831

1. Entity Name

MODIS FACTORING CORPORATION

Principal Place of Business

Mailing Address

1 INDEPENDENT DR.
JACKSONVILLE FL 32202

1 INDEPENDENT DR
JACKSONVILLE FL 32202-5039
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

59-3478179

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 32301-2525

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, 2000 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	DCP	<input type="checkbox"/> Delete
NAME	DEWAN, DEREK E	
STREET ADDRESS	1 INDEPENDENT DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	ABNEY, MICHAEL D	
STREET ADDRESS	1 INDEPENDENT DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MAYO, MARL M	
STREET ADDRESS	1 INDEPENDENT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Secretary	<input type="checkbox"/> Delete
NAME	John Marshall	
STREET ADDRESS	One Independent Dr.	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	Assistant VP of Tax	<input type="checkbox"/> Delete
NAME	Gerald Robinson	
STREET ADDRESS	One Independent Dr.	
CITY-ST-ZIP	Jacksonville, FL 32202	

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		
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:

Gerald Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 11, 2000 8:00 am
Secretary of State

03-28-2000 90073 043 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)