

2000 UNIFORM BUSINESS REPORT (UBR)

3

DOCUMENT # P97000094831

1. Entity Name

MODIS FACTORING CORPORATION

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

03-28-2000 90073 043 ***150.00

Principal Place of Business 1 INDEPENDENT DR. JACKSONVILLE FL 32202	Mailing Address 1 INDEPENDENT DR JACKSONVILLE FL 32202-5039 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-3478179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION-SERVICE-COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP DEWAN, DEREK E 1 INDEPENDENT DR. JACKSONVILLE FL 32202	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ABNEY, MICHAEL D 1 INDEPENDENT DR. JACKSONVILLE FL 32202	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAYO, MARL M 1 INDEPENDENT DR JACKSONVILLE FL 32202	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Assistant Secretary</i> <i>John Marshall</i> <i>One Independent Dr.</i> <i>Jacksonville, FL 32202</i>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Assistant VP of Tax</i> <i>Gerald Robinson</i> <i>One Independent Dr.</i> <i>Jacksonville, FL 32202</i>	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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* **Gerald Robinson** 3-20-00 (904) 360-2709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)