## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P9700094831 1. Entity Name MODIS FACTORING CORPORATION 01-25-2001 90237 016 \*\*\*150.00 Principal Place of Business Mailing Address INDEPENDENT DR. 1 INDEPENDENT DR JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3478179 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DCP TITLE □ Delete TITLE ☐ Addition DEWAN, DEREK E NAME NAME 1 INDEPENDENT DR. STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP DVT TITLE □ Delete TITLE Change ☐ Addition NAME ABNEY, MICHAEL D NAME 1 INDEPENDENT DR. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition mayo, marc M MAYO, MARL M NAME NAME 1 INDEPENDENT DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MARSHALL, JOHN NAME NAME ONE INDEPENDENT DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ROBINSON, GERALD NAME NAME STREET ADDRESS ONE INDEPENDENT DR. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

NTED NAME OF SIGNING OFFICER OR DIRECTOR