

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098335

1. Entity Name

MODERN BUSINESS ASSOCIATES III, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90058 035 ***150.00

Principal Place of Business

475 CENTRAL AVENUE
STE 100
SAINT PETERSBURG FL 33701

Mailing Address

475 CENTRAL AVENUE
STE 100
SAINT PETERSBURG FL 33701

904266



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0806204

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CURCIO, AUGUST R
475 CENTRAL AVENUE STE 100
SAINT PETERSBURG FL 33701

Name Lettelleir, Mark P.

Street Address (P.O. Box Number is Not Acceptable)

475 Central Avenue

Suite 100

City St. Petersburg

FL

Zip Code 33701

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 *Mark Lettelleir* - Mark Lettelleir

1-5-01

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, 2001 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	VSD MASCARA, ERNEST L 877 EXECUTIVE CTR DR W STE 303 SAINT PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LETELLEIR, MARK 101 PHILIPPE PKWY. STE. 305 SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RICE, JACK S SR. 101 PHILIPPE PKWY. STE. 305 SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RICE, JACK S JR. 101 PHILIPPE PKWY. STE. 305 SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO CURCIO, AUGUST R 101 PHILIPPE PKWY. STE. 305 SAFETY HARBOR FL 34695	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, SUSAN 101 PHILIPPE PKWY SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Mascara, Ernest L. 475 Central Avenue, Suite M-8 St. Petersburg, FL 33701	<input checked="" 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	D Harrell, Roy J, JR 475 Central Avenue, Suite 100 St. Petersburg, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 files empowered.

SIGNATURE: *Mark Lettelleir* - Mark Lettelleir

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 727 894-4622

CR2E034 (10/00)



A Hachment
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Pg 7 0000098335

Uniform Business Reports
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

January 8, 2001

Dear Madam or Sir,

Please be advised that an additional director should be added to the Uniform Business Report for Modern Business Associates, Inc, Modern Business Associates II, Inc., Modern Business Associates III, Inc., Modern Business Associates IV, Inc., Modern Business Associates V, Inc., and Modern Payroll Solutions, Inc.

The director's information is as follows:

Mr. Fred Razook
475 Central Avenue, Suite 100
St. Petersburg, FL 33701

Thank you for your attention on this matter.

Sincerely,

A handwritten signature in cursive script that reads "Christina Battaglia".

Christina Battaglia

Providing Innovative Business Solutions

Kress Building, Suite 100 • 475 Central Avenue • St. Petersburg, FL 33701
PH (727) 894-4622 • FAX (727) 823-2962

