2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State
04-21-2000 90046 024 ***150.00

DOCUMENT # P97000098339

1. Entity Name

MODERN BUSINESS ASSOCIATES II, INC.

Principal Place of Business	Mailing Address
101 PHILIPPE PKWY. STE. 305 SAFETY HARBOR FL 34695	101 PHILIPPE PKWY. STE. 305 SAFETY HARBOR FL 34695-3662

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
475 Central Avenue	475 Central Avenue
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33701 Country: USA	Zip: 33701 Country: USA

4. FEI Number 59-3488602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CURCIO, AUGUST R
101 PHILIPPE PKWY. STE. 305
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name: August R. Curcio
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: [signature] CEO 4/11/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MASCARA, ERNEST L 877 EXECUTIVE CENTER DR W STE 303 SAINT PETERSBURG FL 33702	☐ Delete	VSD Mascara, Ernest 877 Executive CTR DR W STE 303 St. Petersburg, FL 33702	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LETTELLEIR, MARK 101 PHILIPPE PKWY. STE. 305 SAFETY HARBOR FL 34695	☐ Delete	DP Lettelleir, Mark 475 Central Ave. Suite 100 St.Petersburg, FL 33701	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV RICE, JACK S SR. 101 PHILIPPE PKWY. STE. 305 SAFETY HARBOR FL 34695	☐ Delete	DV Rice,Jack S SR. 475 Central Ave. Suite 100 St.Petersburg, FL 33701	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV RICE, JACK S JR. 101 PHILIPPE PKWY. STE. 305 SAFETY HARBOR FL 34695	☐ Delete	DV Rice,Jack S JR. 475 Central Ave. Suite 100 St.Petersburg, FL 33701	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO CURCIO, AUGUST R 101 PHILIPPE PKWY. STE. 305 SAFETY HARBOR FL 34695	☐ Delete	DCEO Curcio,August R. 475 Central Ave. Suite 100 St. Petersburg, FL 33701	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARD, SUSAN 101 PHILIPPE PKWY SAFETY HARBOR FL 34695	☐ Delete	D Ward, Susan 475 Central Ave. Suite 100 St. Petersburg, FL 33701	☑ Change ☐ Addition

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not quality 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] 4/4/00 727-894-4622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #