

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90023 014 ***150.00

DOCUMENT # P97000098339

1. Entity Name

MODERN BUSINESS ASSOCIATES II, INC.



Principal Place of Business

475 CENTRAL AVE
STE 100
SAINT PETERSBURG FL 33701

Mailing Address

475 CENTRAL AVE
STE 100
SAINT PETERSBURG FL 33701

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

59-3488602

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

LETTELLEIR, MARK P
475 CENTRAL AVE
STE 100
SAINT PETERSBURG FL 33701

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> Delete
NAME	MASCARA, ERNEST L	
STREET ADDRESS	475 CENTRAL AVE, SUITE M8	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LETTELLEIR, MARK	
STREET ADDRESS	475 CENTRAL AVE #100	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RICE, JACK S JR.	
STREET ADDRESS	475 CENTRAL AVE #100	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RICE, JACK S JR.	
STREET ADDRESS	475 CENTRAL AVE #100	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRELL, ROY J JR	
STREET ADDRESS	475 CENTRAL AVE #100	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, SUSAN	
STREET ADDRESS	475 CENTRAL AVE #100	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Controlling Person	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marjorie Seltzer	
STREET ADDRESS	475 Central Ave, Suite 100	
CITY-ST-ZIP	Saint Petersburg, FL 33701	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-04 (727) 894-4622