2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
02-26-2002 90029 049 ***150.00

DOCUMENT # P97000101326

1. Entity Name
MODERN SERVICES CORPORATION

Principal Place of Business	Mailing Address
3337 NE 33 ST FT. LAUDERDALE FL 33308 US	3337 NE 33 ST FT. LAUDERDALE FL 33308 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2101 NE 68th Street	72 E. McNab Road
Suite, Apt. #, etc.: Apt. 103	Suite, Apt. #, etc.: PO Box 64
City & State: FORT LAUDERDALE, FL	City & State: POMPANO BEACH, FL
Zip: 33308 Country: USA	Zip: 33060 Country: USA

4. FEI Number 65-0812618 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEINFELDT, FRANK
2800 NE 23RD ST.
FT. LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name: STEINFELDT, FRANK
Street Address (P.O. Box Number is Not Acceptable): 2101 NE 68th STREET
City: FORT LAUDERDALE **FL** Zip Code 33308

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] -FRANK STEINFELDT- 2-6-2002
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, 2002 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	D STEINFELDT, FRANK 2800 NE 23RD ST. FT. LAUDERDALE FL 33305 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEINFELDT, FRANK 2101 NE 68th Street Fort Lauderdale FL 33308 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] FRANK STEINFELDT 2-6-2002 954-202-9542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)