

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91177 017 \*\*\*150.00

**DOCUMENT # P97000104875**

1. Entity Name  
**MODIS LP-2, INC.**

Principal Place of Business

**ONE INDEPENDENT DRIVE  
 JACKSONVILLE FL 32202**

Mailing Address

**1 INDEPENDENT DR  
 ATTN: TAX DEPT  
 JACKSONVILLE FL 32202**



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 **59-3482208**

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

**CORPORATION SERVICE COMPANY**

**1201 HAYS STREET  
 TALLAHASSEE FL 32301**

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.

SIGNATURE \_\_\_\_\_  
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 **DP** ☐ Delete  
 NAME **DEWAN, DEREK E**  
 STREET ADDRESS **ONE INDEPENDENT DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DST** ☒ Delete  
 NAME **ABNEY, MICHAEL D**  
 STREET ADDRESS **ONE INDEPENDENT DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS** ☐ Delete  
 NAME **MAYO, MARK M**  
 STREET ADDRESS **1 INDEPENDENT DR**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: *Delex M*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

*Please see attached*

*4-26-02 904-360-2704*

Attachment

BD108783

# P97000104875

Officers and Board of Directors		Modis LP-2, Inc.
Title	Name	Address
Chairman of the Board	Derek E. Dewan	One Independent Drive Jacksonville, FL 32202
Sr. Vice President Treasurer	Robert Crouch	One Independent Drive Jacksonville, FL 32202
Sr. Vice President Secretary	Marc M. Mayo	One Independent Drive Jacksonville, FL 32202
Chief Executive Officer	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202
President	Jeffrey Jackovich	One Independent Drive Jacksonville, FL 32202
VP of Taxes	Gerald Robinson	One Independent Drive Jacksonville, FL 32202
Assistant Secretary	Gregory D. Holland	One Independent Drive Jacksonville, FL 32202
Assistant Secretary	John L. Marshall III	One Independent Drive Jacksonville, FL 32202