

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002006

1. Entity Name  
MODERN BUSINESS ASSOCIATES IV, INC.

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

01-26-2001 90058 036 \*\*\*150.00

Principal Place of Business  
475 CENTRAL AVE  
SUITE 100  
SAINT PETERSBURG FL 33701  
US

Mailing Address  
475 CENTRAL AVE  
SUITE 100  
SAINT PETERSBURG FL 33701  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number **59-3486529**  
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  
475 CENTRAL AVE  
SUITE 100  
SAINT PETERSBURG FL 33701

7. Name and Address of New Registered Agent  
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 **[Signature] - Mark Lettelleir** DATE **1-5-01**  
(NOTE: Registered Agent signature required when reinstating)

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 CENTER DR W, STE 303 ST PETERSBURG FL 33702 <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	DCEO CURCIO, AUGUST R 475 CENTRAL AVE, SUITE 100 SAINT PETERSBURG FL 33701 <input checked="" type="checkbox"/> Delete	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	VD RICE, SR., JACK S 475 CENTRAL AVE, SUITE 100 SAINT PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICE, JR., JACK S 475 CENTRAL AVE. SUITE 100 SAINT PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LETTIELIER, MARK 475 CENTRAL AVE SUITE 100 SAINT PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lettelleir, Mark <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, SUSAN 475 CENTRAL AVE SUITE 100 SAINT PETERSBURG FL 33701 <input type="checkbox"/> Delete	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 like empowered.

SIGNATURE: **[Signature] - Mark Lettelleir** DATE **1-5-01** (727) 894-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **4622**

CR2E034 (10/00)



Attachment  
904268  
P 98000002006

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,

*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

