2002 Uniform Business Report (UBR)

changed, or on an attachment with an address

SIGNATURE:

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # P98000044473 1. Entity Name 04-17-2002 90145 002 ***150 00 MODERN MANAGEMENT ENTERPRISES, INC. Mailing Address Principal Place of Business 1640 DEVONSHIRE LANE 1640 DEVONSHIRE LANE SARASOTA FL 34236 SARASOTA FL 34236 Principal Place of Business 3. Mailing Address 2522 MilmAR DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0907937 Not Applicable 4RAPO1 Country \$8.75 Additional 5. Certificate of Status Desired ΰSΑ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ELLIOTT, MARLENE Not Acceptable) 4191 HEARTHSTONE DRIVE SARASOTA FL 34238 FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PANET-RAYMOND, MARIENE 2522 MILMAR DRIVE 2522 MILMAR DRIVE SARASOTA, FL 34237 ☐ Delete TITLE TITLE PANET-RAYMOND, MARLENE NAME NAME STREET ADDRESS 4191 HEARTHSTONE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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