

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91033 026 \*\*\*150.00

037144 AV

**DOCUMENT # P99000004873**

1. Entity Name  
**FLORIDA MODERNFOLD, INC.**



Principal Place of Business  
10116 NW 53RD ST  
SUNRISE FL 33322

Mailing Address  
PO BOX 451206  
SUNRISE FL 33322



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0891836**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILLIPS, GARY S**  
**4000 HOLLYWOOD BOULEVARD, SUITE 265-S**  
**HOLLYWOOD FL 33021**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WATSON, DAN</b>	
STREET ADDRESS	<b>PO BOX 451206</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33345</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PAJERSKI, DENNIS V</b>	
STREET ADDRESS	<b>10116 NW 53RD STREET</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33322</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RIGGOTT, SHERRY</b>	
STREET ADDRESS	<b>10116 NW 53RD STREET</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33322</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATSON, DANNY</b>	
STREET ADDRESS	<b>P.O. BOX 451206</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33345</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIGGOTT, SHERRY</b>	
STREET ADDRESS	<b>10116 NW 53RD STREET</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33322</b>	
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: *Danny R. Watson* **DANNY R. WATSON** 3/12/03 (630) 654-4560  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/10/02)