

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90047 047 ***150.00

DOCUMENT # P99000045805

1. Entity Name

THE MOD COWBOY, INC.

Principal Place of Business

**1651 MACY ISLAND ROAD
 KISSIMMEE FL 34744**

Mailing Address

**1651 MACY ISLAND ROAD
 KISSIMMEE FL 34744**

2. Principal Place of Business

2530 E. Irlo Bronson Hwy
 Suite, Apt. #, etc.

3. Mailing Address

2530 E. Irlo Bronson Hwy
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, Fl.

City & State

Kissimmee, Fl.

4. FEI Number

59-3579269

Applied For

Not Applicable

Zip

34744

Country

Osceola

Zip

34744

Country

Osceola

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HENDERSON, VERNON
 1651 MACY ISLAND ROAD
 KISSIMMEE FL 34744**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON, VERNON	
STREET ADDRESS	1651 MACY ISLAND RD.	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	PST	<input type="checkbox"/> Delete
NAME	HENDERSON, VERNON	
STREET ADDRESS	1651 MACY ISLAND RD.	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Vernon Henderson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

vernon Henderson

Date

Daytime Phone #

4-23-01

407 847-5937

CR2E034 (10/00)

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