

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2000 8:00 am
Secretary of State
 06-20-2000 90004 001 ***550.00

DOCUMENT # 999000063355
 1. Entity Name
Brian L. Modesitt & Associates, Inc.
 ✓

Principal Place of Business Mailing Address
8401 W. McNAB Road
Tamarac, FL 33321

2. Principal Place of Business SAME 3. Mailing Address same
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 65-0915990 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Brian L. Modesitt
8401 W. McNAB Road
Tamarac, FL 33321

7. Name and Address of New Registered Agent
 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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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 NAME ☐ Delete
PTSD
Brian L. Modesitt
7816 NW 70 Terrace
Tamarac, FL 33321
 TITLE NAME ☐ Delete
VP
Jeff C. Miller
3920 NW 109 AVE
COVINGTON, FL 33061
 TITLE NAME ☐ Delete
 TITLE NAME ☐ Delete
 TITLE NAME ☐ Delete
 TITLE NAME ☐ Delete
 TITLE NAME ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 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: Brian L. Modesitt 5/30/2000 254-721-9058
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)