

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90979 006 ***150.00

0022225
AV

DOCUMENT # J46369

1. Entity Name
MODIS, INC.



Principal Place of Business
**1 INDEPENDENT DR
JACKSONVILLE FL 32202
US**

Mailing Address
**1 INDEPENDENT DR
JACKSONVILLE FL 32202
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0000600**

Applied For
Not Applicable

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **COB** ☐ Delete
NAME **PAYNE, TIMOTHY**
STREET ADDRESS **ONE INDEPENDENT DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **CEOD** ☒ Delete
NAME **DEWAN, DEREK E**
STREET ADDRESS **ONE INDEPENDENT DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SVT** ☐ Delete
NAME **CROUCH, ROBERT**
STREET ADDRESS **ONE INDEPENDENT DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☒ Delete
NAME **MAYO, MARC M**
STREET ADDRESS **ONE INDEPENDENT DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **CEOP** ☐ Delete
NAME **CULLEN, JACK**
STREET ADDRESS **ONE INDEPENDENT DR**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☐ Delete
NAME **ROBINSON, GERALD**
STREET ADDRESS **ONE INDEPENDENT DR**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gerald Robinson 4.25.03 904-360-2704
Date Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

80103495
546369

Modis, Inc. Officers and Directors

Title	Name	Business Address
Treasurer	Robert Crouch	One Independent Drive Jacksonville, FL 32202
Vice President & Secretary	Greg Holland	One Independent Drive Jacksonville, FL 32202
Asst Secretary	Tyra Tutor	One Independent Drive Jacksonville, FL 32202
Asst Secretary	John Marshall III	One Independent Drive Jacksonville, FL 32202
Chief Executive Officer	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202
President	John P. Cullen	One Independent Drive Jacksonville, FL 32202
VP of Taxes	Gerald Robinson	One Independent Drive Jacksonville, FL 32202
Director	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202
Director	John P. Cullen	One Independent Drive Jacksonville, FL 32202
Director	Tyra Tutor	One Independent Drive Jacksonville, FL 32202