## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L33863**

SANCHEZ & MADDUX, INC.

## **FILED** Feb 06, 2001 8:00 am Secretary of State

02-06-2001 90252 004 \*\*\*150.00

2. Principal Place of Business   Ho Royal Palm Way   140 Royal Palm Royal									
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Second   S			City & State		4	FEI Number	Ι Δ	pplied For	
43480 Pour Beach S. Certificate of Status Desired See Registered Agent Fee Required See Registered Agent 7. Name and Address of New Registered Agent Fee Required See Required			Palm be		71	65-0159238	<del></del>	· · · · · · · · · · · · · · · · · · ·	
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip 33	480 Palm Beach	33480	Country Palm Beat	In 5.	Certificate of Status Desired	□ \$8.75 Ad Fee Require	ditional ed	
Street Address (P.O. Box Number is Not Acceptable)									
Street Address (P.O. Box Number is Not Acceptable)    YO Royal Palm Way #20 6   City Palm Black   FL   Zing 250 450 0   S. Tho above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.    Signant line									
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  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so.  Make Check Payable to Department of State  10. Election Campeign Financing Trust Fund Contribution.  SANCHEZ, JORGE  239 SOUTHLAND ROAD  SIRET AUDRESS  SOTH'-ST-2P  MADDUX, PHILLIP M.  STRET ADDRESS  CITY-ST-2P  MADDUX, PHILLIP M.  STRET AUDRESS  CITY-ST-2P  MALE  MALE  Delete  TITLE  MALE  MA	Course Addres /					P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida.  SIGNATURE  Signature, speed or presed name of registered agent entitle if applicable.  Possible to satisfy its intangible Tax tiling requirement and elects to do so.  After MAY 1, 2001 Fee will be \$550.00  After MAY 1, 2001 Fee will be	PALI	M BEACH FL 33480	IUM	Para	· Palm Ma.	#22/0			
SIGNATURE Signature. Typed or printed name of registered agent, or both, in the State of Fiorida.  SIGNATURE Signature. Typed or printed name of registered agent and live if applicable.  PILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  PS SANCHEZ, JORGE SANCHEZ, JORGE SANCHEZ, JORGE SANCHEZ, JORGE SIREET ADDRESS OITY-ST-2P PALM BEACH FL  WPT MADDUX, PHILLIP M. STREET ADDRESS OITY-ST-2P  OITHE MAME SIREET ADDRESS OITY-ST-2P  OITHE MAME				City 7	Poya.	a (ain way	<del></del>	le	
SIGNATURE    Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)   Trils corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so.   After MAY 1, 2001 Fee will be \$55.00   After MAY 1, 2001 Fee will be \$55.00   After MAY 1, 2001 Fee will be \$55.00   Added to Fees will be \$55.00   Addition will be	O. The above			$\underline{}$	<u>um</u>	beach		1480	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PS. ANCHEZ, JORGE 39 SOUTHLAND ROAD PALM BEACH FL  WAME STREET ADDRESS DITY-S1-2P  TITLE  MADDUX, PHILLIP M.  577 SW HIDDEN RIVER AVE PALM CITY FL  TITLE  MAME STREET ADDRESS DITY-S1-2P  TITLE  MAME STREET ADDRESS STREE	8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or reg	istered ag	gent, or both, in the State of Florid	a.		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (See criteria on back)   Delete Tax filing requirement and elects to do so. (Change   Addition Ande Tax filing requirement and elects to do so. (Change   Addition Ande Tax filing requirement and elects to do so. (Change   Addition Ande Tax filing requirement and elects to do so. (Change   Addition Ande Tax filing requirement and elects to do so.	SIGNATURE			-					
Tax filing requirement and elects to do so. (See criteria on back)   Make Check Payable to Department of State   Trust Fund Contribution.   \$5.00 May Be Added to Fees Add		Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signature re-	quired when re	einstating)	DATE		
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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 acciress, with all other like empowered.

SIGNATURE:

FICER OR DIRECTOR