

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077729

1. Entity Name

MADI TRANSPORT, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90461 028 ***158.75

Principal Place of Business HORSESHOE BEND SPRINGS FL 32130	Mailing Address 106 HORSESHOE BEND DELEON SPRINGS FL 32130-3415
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DO NOT WRITE IN THIS SPACE

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 59-3531828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SUTTER, BERNARD R
 3036 BIG SKY BLVD
 KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name: **DIANNE T. Lough**
 Street Address (P.O. Box Number is Not Acceptable): **106 Horseshoe Bend**
DELEON SPRINGS, FL
 City: **FL** Zip Code: **32130**

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: *Dianne T. Lough* **DIANNE T. Lough - PRESIDENT** 4/24/00
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, 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 D	<input type="checkbox"/> Delete
NAME LOUGH, DIANNE	
STREET ADDRESS 106 HORSESHOE BEND	
CITY-ST-ZIP DELEON SPRINGS FL 32130	
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT (P)(D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIANNE T. Lough	
STREET ADDRESS 106 HORSESHOE BEND	
CITY-ST-ZIP DELEON SPRINGS, FL 32130	
TITLE TREASURER (T)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARK J. Lough	
STREET ADDRESS 106 Horse shoe Bend	
CITY-ST-ZIP DELEON SPRINGS, FL 32130	
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	

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: *Dianne T. Lough* **DIANNE T. Lough** 4/24/00 904-985-3911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)