


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90153 034 ***150.00

DOCUMENT # 164254

1. Entity Name
MADISON INDUSTRIES, INC.



Principal Place of Business
**C/O J.B. DAVIS JR.
420 LAKE SHORE DR.
MADISON FL 32340**

Mailing Address
**C/O J.B. DAVIS JR.
420 LAKE SHORE DR.
MADISON FL 32340**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**CANTEY, P S JR
211 WEST BASE STREET
MADISON FL 32340**

4. FEI Number **59-6071275**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, J B JR	
STREET ADDRESS	420 LAKESHORE DRIVE	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, ARTHUR G	
STREET ADDRESS	101 NW FRALEIGH DRIVE	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLARK, WILLIAM B	
STREET ADDRESS	105 S.E. LAKE STREET	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANTEY, P S JR	
STREET ADDRESS	211 WEST BASE STREET	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDEE, CARY	
STREET ADDRESS	215 SE PINCKNEY ST.	
CITY-ST-ZIP	MADISON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BEGGS, ASHLEY P	
STREET ADDRESS	301 N.W. ORANGE STREET	
CITY-ST-ZIP	MADISON FL 32340	

11. 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED** **2/19/03** **(850) 973-6119**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)