

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90273 008 ***150.00

01/04/07 AV

DOCUMENT # 514169

1. Entity Name
MADIO & COMPANY



Principal Place of Business

~~3829 HOLLYWOOD BLVD~~
~~SUITE C~~
~~HOLLYWOOD FL 33021~~
~~US~~

Mailing Address

~~3829 HOLLYWOOD BLVD~~
~~SUITE C~~
~~HOLLYWOOD FL 33021~~
~~US~~

2. Principal Place of Business

1000 S. PINE ISLAND ROAD

3. Mailing Address

1000 S. PINE ISLAND ROAD

Suite, Apt. #, etc.

SUITE 230

Suite, Apt. #, etc.

SUITE 230

City & State

PLANTATION FL

City & State

PLANTATION FL

Zip

33324

Country

U.S.

Zip

33324

Country

U.S.

4. FEI Number

59-1694064

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MADIO, RALPH R

3829 HOLLYWOOD BLVD 1000 S. PINE ISLAND ROAD

STE C SUITE 230

HOLLYWOOD FL 33021 PLANTATION FL 33324

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

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

TITLE **PD** ☐ Delete
NAME **MADIO, RALPH R**
STREET ADDRESS **4701 VAN BUREN STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **STD** ☐ Delete
NAME **MADIO, GRACE A**
STREET ADDRESS **4701 VAN BUREN STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **VD** ☐ Delete
NAME **MADIO, DIANE M**
STREET ADDRESS **4701 VAN BUREN STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **V** ☐ Delete
NAME **MADIO, RUSS R**
STREET ADDRESS **10346 SW 22ND PL**
CITY-ST-ZIP **DAVIE FL 33324**

TITLE **V** ☐ Delete
NAME **STRUZYNSKI, CARRIE M**
STREET ADDRESS **4701 VAN BUREN STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03

954-343-8300

Date

Daytime Phone #

CR2E034 (10/02)