2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 562593 1. Entity Name

MADERA CONSTRUCTION, INC.

Principal Place of Business EEE CENTRAL FLORIDA PARKWAY III FL 32837-9259

Mailing Address

1260 CENTRAL FLORIDA PARKWAY ORLANDO FL 32837-9259

. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

May 04, 2000 8:00 am Secretary of State

05-04-2000 90093 040 ***150.00



DATE

DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **DENNIS P DARMOC** Street Address (P.O. Box Number is Not Acceptable) 1260 CENTRAL FLORIDA PARKWAY ORLANDO FL 32837 Zip Code

(NOTE. Registered Agent signature required when reinstating)

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.

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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

SIGNATURE

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ■ Addition TITLE ☐ Delete TITLE WOODSBY, RONALD E NAME NAME 1445 OAKLAWN PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33803 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete WOODSBY, CHARLES E NAME NAME 8959 BAY COVE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 0 32819 ^{*}□ Change ☐ Addition Delete TITLE DARMOC, DENNIS P. NAME NAME 1950 LEGION DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oelete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

THE SELECT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR