

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90035 010 ***150.00

DOCUMENT # 852074 ✓
1. Entity Name
MADISON WIRE AND CABLE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2459 CLARK ST
Suite, Apt. #, etc.

3. Mailing Address
2459 CLARK ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
APOPKA FL

City & State
APOPKA FL

4. FEI Number
38-2034563

Applied For
 Not Applicable

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

Zip
32703-9121

Country
ORANGE

Zip
32703-9121

Country
ORANGE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DVORES, HARRIS

Street Address (P.O. Box Number is Not Acceptable)
2816 E. ROBINSON ST

City
ORLANDO **FL** Zip Code
32803

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 _____
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)

January 1, May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>P C D</u>	TITLE	
NAME	<u>GIGNAC, ROBERT J.</u>	NAME	
STREET ADDRESS	<u>48101 ANN ARBOR RD</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>PLYMOUTH MI 48170</u>	CITY-ST-ZIP	
TITLE	<u>S T</u>	TITLE	
NAME	<u>GIGNAC, ROBERT J.</u>	NAME	
STREET ADDRESS	<u>48101 ANN ARBOR RD</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>PLYMOUTH MI 48170</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1-27-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)