

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90141 043 ***150.00

DOCUMENT # F98000006447



1. Entity Name
MAIDSTONE DEVELOPMENT, INC.

Principal Place of Business
**329 JERICHO TPKE
SUITE A-4
SMITHTOWN NY 11787**

Mailing Address
**329 JERICHO TPKE
SUITE A-4
SMITHTOWN NY 11787**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-2527167**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTIRANO, JOSEPH C
5380 N. OCEAN AVENUE, UNIT 5I
SINGER ISLAND FL 33404**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTIRANO, JOSEPH C	
STREET ADDRESS	5380 N. OCEAN AVENUE, UNIT 5I	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTIRANO, CHRISTINE	
STREET ADDRESS	P.O. BOX 613	
CITY-ST-ZIP	CALVERTON NY 11933	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTIRANO, JOHN	
STREET ADDRESS	19 COMMODORE CIRCLE	
CITY-ST-ZIP	PORT JEFFERSON STATI NY 11776	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTIRANO, JOSEPH C JR.	
STREET ADDRESS	1427 HALLOCK AVE	
CITY-ST-ZIP	PORT JEFFERSON STATI NY 11776	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO BOX 515	
CITY-ST-ZIP	PORT JEFFERSON, NY 11777-0515	
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 MARTIRANO, VP** 3/6/03 631-724-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)