2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State
02-13-2002 90287 030 ***150.00

DOCUMENT # G40644

1. Entity Name
M. A. D., INC.

Principal Place of Business	Mailing Address
~~% JOHN GUTCHER~~ CLARISSA GUTCHER ~~% JOHN GUTCHER~~	
2105 S DALE MABRY	2105 S DALE MABRY
TAMPA FL 33629	TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2301848 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUTCHER, JOHN
2105 S DALE MABRY
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name: CLARISSA GUTCHER
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 Clarissa C. Gutcher
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) ☐

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTCHER, JOHN 1001 MORRISON CT. TAMPA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GUTCHER, CLARISSA 1001 MORRISON CT TAMPA, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTCHER, MARK 1001 MORRISON CT. TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTCHER, ALLAN 1001 MORRISON CT. TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTCHER, DAVID H. 1001 MORRISON CT TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/02)

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.

SIGNATURE: Clarissa C. Gutcher SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment #G40644

38947

July 15, 2002

M.A.D., Inc.
Clarissa Gutcher, Pres
2105 S. Dale Mabry Hwy
Tampa, Florida 33629

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Gentlemen:

Please accept the enclosed 2002 Uniform Business Report as a timely file document. My husband, John Gutcher, passed away in July of 2001, making a change necessary in the Registered Agent section of the original form. The original report and the payment of $150 were submitted 1/29/02. Apparently, I failed to sign the new Registered Agent section and the report was not recorded and returned for signature. To the best of my knowledge, I did not receive that request for signature.

I hereby request an abatement of the $400 penalty for late filing. Your consideration will be appreciated.

Sincerely,

Clarissa Gutcher
President