

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90278 016 \*\*\*158.75

**DOCUMENT # G96184**

1. Entity Name  
**R.J. MADDOX AND ASSOCIATES, INC.**

Principal Place of Business

**1082 WOODSMERE PKWY  
 ROCKLEDGE FL 32955  
 US**

Mailing Address

**1082 WOODSMERE PKWY  
 ROCKLEDGE FL 32955  
 US**

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 **59-2413111**

Applied For

Not Applicable

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

**MADDOX, ROBERT J  
 1082 WOODSMERE PKWY  
 ROCKLEDGE FL 32955**

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

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  
**PSD  
 MADDOX, ROBERT JAMES  
 1082 WOODSMERE PKWY  
 ROCKLEDGE FL 32955** ☐ 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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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: [Signature] PSD / ROBERT JAMES MADDOX 8/1/02 321-631-0898**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment

R.J. Maddox & Assoc. Inc.  
1062 Woodsmere Pkwy.  
Rockledge, FL 32955  
321-631-0898

8-1-02

#696184  
123434

TO: DEPT. OF STATE

RE: 696184

PLEASE CONSIDER ACCEPTANCE OF THE  
ENCLOSED FEE OF \$158.75 WHICH DOES  
NOT INCLUDE A \$400.- PENALTY FOR LATE  
FILING.

I DID NOT RECEIVE ANY UBR FORM PRIOR  
TO THE ENCLOSED.

THIS IS A SMALL BUSINESS WITH ITS  
ONLY OFFICE IN MY HOME.

MY TWO YOUNG CHILDREN OFTEN TAKE  
MAIL FROM MY BOX AND BRING TO ME.  
PERHAPS THEY DROPPED IT ON WAY INTO  
THE HOUSE. PERHAPS IT WAS NEVER  
EVEN DELIVERED. I DONT KNOW, BUT  
I DO KNOW I NEVER RECEIVED ANY  
PREVIOUS MAILING.

YOUR UNDERSTANDING WOULD BE GREATLY  
APPRECIATED.

THANK YOU,

R.J. WOOD P.J.D.