

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90378 034 ***150.00

DOCUMENT # H00567

1. Entity Name

MADER SOUTHEAST, INC.

Principal Place of Business

**801 MARSHALL FARMS ROAD
 OCOEE FL 34761**

Mailing Address

**801 MARSHALL FARMS ROAD
 OCOEE FL 34761**

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

59-2415354

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

**RAILEY, LILBURN R., ESQ.
 20 N. EOLA DRIVE
 ORLANDO FL 32801**

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 **S** ☐ Delete
 NAME **JOHNSON, JEAN**
 STREET ADDRESS **801 MARSHALL FARMS ROAD**
 CITY-ST-ZIP **OCOEE FL**

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

TITLE **P** ☐ Delete
 NAME **JOHNSON, THOMAS M.**
 STREET ADDRESS **801 MARSHALL FARMS ROAD**
 CITY-ST-ZIP **OCOEE FL**

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

TITLE **VP** ☐ Delete
 NAME **JOHNSON, THOMAS M JR**
 STREET ADDRESS **801 MASHALL FARMS ROAD**
 CITY-ST-ZIP **OCOEE FL**

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

TITLE **VP** ☐ Delete
 NAME **MOREHEAD, JAMES**
 STREET ADDRESS **801 MARSHALL FARMS ROAD**
 CITY-ST-ZIP **OCOEE FL**

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

TITLE **VP** ☐ Delete
 NAME **CODDINGTON, JAMES C**
 STREET ADDRESS **801 MARSHALL FARMS ROAD**
 CITY-ST-ZIP **OCOEE FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

THOMAS M. JOHNSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS M. JOHNSON

7/25/02

(407)877-8818

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
H00567
123117



July 25, 2002

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

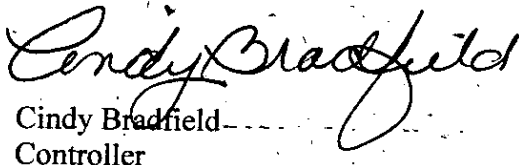
RE: 2002 Uniform Business Report

Enclosed are our 2002 Uniform Business Report and filing fees appropriate for those reports filed prior to May 1, 2002.

Notification for filing this report was not received in this office prior to the May 1, 2002 deadline. The first notice regarding this filing was received in this office in July 2002.

Should you have any questions regarding this filing, please feel free to contact me.

Regards,


Cindy Bradfield
Controller