

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J35275

1. Entity Name

MADISON MACHINE SHOP, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90031 012 ***150.00

Principal Place of Business

Mailing Address

205 SE MILLINOR ST.
MADISON FL 32340

205 SE MILLINOR ST.
MADISON FL 32340-2242

00009389



DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2721085

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

THOMAS, ROY W.
205 SE MILLINOR ST.
MADISON FL 32340

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.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	THOMAS, ROY W.	
STREET ADDRESS	ROUTE 3, BOX 118	
CITY-ST-ZIP	MADISON FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	THOMAS, CHERYELL E.	
STREET ADDRESS	ROUTE 3, BOX 118	
CITY-ST-ZIP	MADISON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMAS, QUINCY	
STREET ADDRESS	ROUTE 3, BOX 120	
CITY-ST-ZIP	MADISON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)