

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K01762

1. Entity Name
X-RAY COPY SERVICE, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90036 030 ***150.00

Principal Place of Business
% LARRY A. MADDEN
5430 N.W. 334D AVENUE, SUITE 102
FORT LAUDERDALE FL 33309

Mailing Address
5430 NW 33RD AVE
#102
FORT LAUDERDALE FL 33309-6349
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 65-0012150

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

MADDEN, LARRY A.
5510 NW 38TH TERRACE
COCONUT CREEK FL 33073

Name MADDEN, KATHERINE H.

Street Address (P.O. Box Number is Not Acceptable)

2360-1 E. ARAGON BLVD

City SUNRISE

FL

Zip Code 33313

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
NAME MADDEN, LARRY A.
STREET ADDRESS 5510 NW 38TH TERRACE
CITY-ST-ZIP COCONUT CREEK FL

☒ Delete

TITLE ST
NAME MADDEN, KATHERINE H.
STREET ADDRESS 5510 NW 38TH TERRACE
CITY-ST-ZIP COCONUT CREEK FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P/T/S/D
NAME KATHERINE H. MADDEN
STREET ADDRESS 2360-1 E. ARAGON BLVD
CITY-ST-ZIP SUNRISE, FL 33313

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)