

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90058 038 ***150.00

DOCUMENT # L21437

1. Entity Name
MADEIRA VENTURES, INC.

Principal Place of Business

13201 GULF BLVD (337082632)
% JUANITA M. COSTON. P.O. BOX 86096
MADEIRA BEACH FL 33738-6096
US

Mailing Address

13201 GULF BLVD (337082632)
% JUANITA M. COSTON. P.O. BOX 86096
MADEIRA BEACH FL 33738-6096
US

2. Principal Place of Business

6551 SHORELINE DR.
Suite, Apt. #, etc.
6202

3. Mailing Address

P.O. Box 86096
Suite, Apt. #, etc.

City & State

ST. PETERSBURG

City & State

MADEIRA BEACH

Zip

33708

Country

USA

Zip

33738

Country

USA

4. FEI Number **65-0147914**

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

COSTON, JUANITA
13201 GULF BLVD.
MADEIRA BEACH FL 33708

Name

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

6551 SHORELINE DRIVE
6202

City

ST. PETERSBURG

FL

Zip Code

33708

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

Juanita M. Coston

1-15-01

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, 2001 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 ☐ Delete
NAME **PD**
STREET ADDRESS **COSTON, JUANITA**
CITY-ST-ZIP **13201 GULF BLVD.**
MADEIRA BEACH FL 33738

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BOWEN, CHARLOTTE B.**
CITY-ST-ZIP **5200 BRITTANY DR.S.#1802**
ST. PETERSBURG FL

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WILLIAMS, DAVID E., JR.**
CITY-ST-ZIP **5150 CENTRAL AVE**
ST. PETERSBURG 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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

Juanita M. Coston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-15-01

Daytime Phone #

(727)397-2041

CR2E034 (10/00)