

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L25655

1. Entity Name

J.C. MADOMO, INC.

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90481 003 \*\*\*150.00

Principal Place of Business

Mailing Address

178 RIVER DR.  
TEQUESTA, FL 3346  
US

C/O JOHN C. McCABE  
178 RIVER DR.  
TEQUESTA, FL 33469

2. Principal Place of Business

5417 DELEON LANE

3. Mailing Address

5417 DELEON LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ELKTON, FL

City & State

ELKTON, FL

4. FEI Number

22-2626968

Applied For

Not Applicable

Zip

32033

Country

US

Zip

32033

Country

US

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

JOHN C. McCABE  
5417 DELEON LANE  
ELKTON, FL 32033

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
JOHN C. McCABE  
5417 DELEON LANE  
ELKTON, FL 32033

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
DORIS L. McCABE  
5417 DELEON LANE  
ELKTON, FL 32033

☐ Delete

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

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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: Doris L. McCabe DORIS L. McCABE 4/4/01 (904) 819-0530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)