2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

5417 DELEON LANE

DOCUMENT #

L25655

1. Entity Name

J. C. MADOMO, INC.

Principal Place of Business

5417 DELEON LANE



FILED Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90043 022 ***150.00

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ELKTON FL 32033 US		ELKTON FL 32033 US										
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. Fi	El Number 22-2626968		plied For t Applicable			
Zip Country			Zip Coun		یت در ر try		5. Certificate of Status Desired Fee Required					
	C Nome or	d Address of Current	Registered	i Agent	<u> </u>		7. N	7. Name and Address of New Registered Agent				
6. Name and Address of Current Registered Agent					Name							
MCCABE, JOHN C 5417 DELEON LANE					Street Address (P.O. Box Number is Not Acceptable)							
									,			
ELKTON FL 32033						City	<u></u>	F				
8. The above rethe obligation	named entity sons of register	submits this statement for ed agent.	or the purpo	ose of changing its	s register	ed office or regis	stered age	ent, or both, in the State of Florida. I a	m familiar with,	and accept		
SIGNATURE _	Signature, Naped or	printed name of registered agent	and title if appl	licable. (NO1	TE: Register	ed Agent signature requ	ired when re	einstating) DAT	<u> </u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				, , ,		9. Election Campaign Financing Trust Fund Contribution.	☐ Added	00 May Be d to Fees				
<u> </u>	rayable to i	OFFICERS AND		RS	11.	 	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR			
	DDT	OFFICERS AND	J DII ILO I O	☐ Delete	TIT				☐ Change	Addition		
TITLE	DPT MCCABE, J	IOHN C		Detele	NA	ME		•		\		
NAME STREET ADDRESS	5417 DELE				STF	REET ADDRESS						
CITY-ST-ZIP	ELKTON FL				CIT	Y-ST-ZIP				Addition		
TITLE	VPS			☐ Delete	TIT	LE			Change	Addition		
NAME		MC CABE, DORIS L				ME				Ì		
STREET ADDRESS	5417 DELE	ON LANE				REET ADDRESS						
CITY-ST-ZIP	ELKTON FI					Y-ST-ZIP	 		☐ Change	Addition		
TITLE				☐ Delete		LE				_		
NAME						ME REET ADDRESS						
STREET ADDRESS						TY-ST-ZIP						
CITY-ST-ZIP	<u> </u>					TLE			Change	Addition		
TITLE				☐ Delete		IME						
NAME CAREET ADDRESS				•		REET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					CI	TY-ST-ZIP						
	 	1		☐ Delete	TI	TLE	_		☐ Change	☐ Addition		
TITLE NAME					N.	AME			,	ĺ		
STREET ADDRESS	1				_	TREET ADDRESS						
CITY-ST-ZIP					C	TY-ST-ZIP			Change	Addition		
TITLE	 			☐ Delete		TLE			LT change	, LI Addition		
NAME						AME				į		
STREET ADDRESS						TREET ADDRESS						
CITY-ST-ZIP							in Contin	n 119.07(3)(i), Florida Statutes. I furthe	er certify that the	information		
40 11	nortify that the	a information gunnlied w	vith this filin	a does not qualify	ror the e	xemption stated	THE SECTION	III 1 19.07(3)(1), 1 longa otatatos 1 latitic	et Lamian offic	er or director		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: