

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91061 038 ***150.00

DOCUMENT # **L30644**

1. Entity Name
MADSEN REALTY & MANAGEMENT, INC.



Change of Address

Principal Place of Business

200 W CAMINO REAL 2020 SW 8th Ave
BOCA RATON FL 33486
US

Mailing Address

200 W CAMINO REAL
BOCA RATON FL 33486
US

2020 SW 8th Ave
Boca Raton, FL
33486



2. Principal Place of Business

2020 S.W. 8th AVE
Suite, Apt. #, etc.

3. Mailing Address

2020 S.W. 8th AVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number **65-0170031**

Applied For

Not Applicable

Zip **33486**

Country

Zip **33486**

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MADSEN, MARIANNE
2020 SW 8TH AVENUE
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marianne Madsen*

3/10/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MADSEN, MARIANNE**
STREET ADDRESS **2020 SW 8TH AVE.**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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: *Marianne Madsen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03

Date

561-395-0631

Daytime Phone #

CR2E034 (10/02)