

2001 UNIFORM BUSINESS REPORT (UBR)

0018584 AF

DOCUMENT # L98000000867
1. Entity Name
 MADDUX REPORT, L.C.

FILED
 01 JAN 16 AM 11:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 ONE PROGRESS PLAZA, SUITE 820
 ST PETERSBURG FL 33701

Mailing Address
 P.O. BOX 202
 ST PETERBURG FL 33731

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3518621

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADDUX, D. CARLEN
 ONE PROGRESS PLAZA, SUITE 820
 ST PETERSBURG FL 33701

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME Delete
 MGR MADDUX, D. CARLEN
 STREET ADDRESS ONE PROGRESS PLAZA, SUITE 820
 CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE NAME Change Addition
 800003554388-5
 -01/18/01--01093--013
 *****50.00 *****50.00

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **1/10/01** **727 823 4394**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)