2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

TAMPA FL 33629

% TIMOTHY M. MADDEN

3609 SOUTH CLARK AVE.

M70516 DOCUMENT

1. Entity Name

TAMPA FL 33629

Principal Place of Business

% TIMOTHY M. MADDEN

3609 SOUTH CLARK AVE.

T.M. MADDEN SERVICE, INC.



FILED Mar 12, 2003 8:00 am Secretary of State

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Suite, Apl. #, etc. Suite, Apl. #, ctc. Check HERC IF MAKING CHANGE City & State Check HERC IF MAKING CHANGE Zip Country Zip Country S. Certificate of Status Desired S8.75 / Fee Required B. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Name Name Stocal Address (P.O. Box Number is Not Acceptable) Stocal Address (P.O.						1 .			1011 B/011 1001	
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MADDEN, TIMOTHY M. 3609 SOUTH CLARK AVE. TAMPA FL 38629 City FL Zip Ci 8. The above named onlify 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 the obligations of registered agent and the approach. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State NO. OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS TITLE MADDEN, TIMOTHY M. 3609 SOUTH CLARK AVE. TITLE DST MADDEN, TIMOTHY M. 3609 SOUTH CLARK AVE. TITLE DST MAME SIRET ADDRESS TITLE ADDRESS TITL	Zip Country Zip			Coun	Country		Certificate of Status Desired	\$8.75 Ad	Not Applicable 68.75 Additional ee Required	
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City FL Zip C 8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE Signature type Signature	MADDEN, TIMOTHY M. 3609 SOUTH CLARK AVE. TAMPA FL 33629				1					
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Make Check Payable to Florida Department of State Trust Fund Contribution. Add Add Contribution. Ad	obligations TURE	ature, typed or printed name of registered agent at NOW!!! FEE IS \$150.00					pinstating) DATE			
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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.

813-831-6766