

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000945

1. Entity Name

M.A.D. DADS OF GREATER DELRAY BEACH, INC.

Principal Place of Business

141 SW 12TH AVE
DELRAY BEACH FL 33444

Mailing Address

101 S.E. 6TH AVENUE
SUITE B
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0424874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANNING, MICHAEL
101 S.E. 6TH AVENUE
SUITE B
DELRAY BEACH FL 33483

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.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
ED
RIDLEY, CHARLES F
137 SW 12TH AVE
DELRAY BCH. FL 33444

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WILLIAMS, AL
734 E. CHATELAINE BLVD.
DELRAY BCH. FL 33445

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BUTLER, LULA
100 NW 1ST AVE
DELRAY BEACH FL 33444

TITLE ☒ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WRIGHT, MICHAEL
300 WEST ATLANTIC AVENUE
DELRAY BCH. FL 33444

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MANNING, P. MICHAEL
101 S.E. 6TH AVE., STE. B
DELRAY BEACH FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 reports 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 617, 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:

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90056 002 ****61.25

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DO NOT WRITE IN THIS SPACE

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