

2000 UNIFORM BUSINESS REPORT (UBR)

2/24/00-90029-005-\$61.25-\$61.25

DOCUMENT # N97000004440

1. Entity Name

MADELAINE C. ENTERPRISES, INC.

FILED

00 MAR 27 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1445 ROCKLEDGE DRIVE
ROCKLEDGE FL 32955

Mailing Address

1445 ROCKLEDGE DRIVE
ROCKLEDGE FL 32955-3742

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

DO NOT WRITE IN THIS SPACE
59-3507019
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FULLMER, MADELAINE C
1445 ROCKLEDGE DRIVE
ROCKLEDGE FL 32955

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PVST	<input type="checkbox"/> Delete
NAME	FULLMER, MADELAINE C	
STREET ADDRESS	1445 ROCKLEDGE DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	T	<input type="checkbox"/> Delete
NAME	ELLIOTT, BENJAMIN	
STREET ADDRESS	3700 N HARBOR CITY, STE 2F	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	T	<input type="checkbox"/> Delete
NAME	MINOT, MICHAEL	
STREET ADDRESS	319 RIVER EDGE BLVD, STE 218	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	T	<input type="checkbox"/> Delete
NAME	HATTAWAY, B A	
STREET ADDRESS	1344 CALONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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:

MADELAINE C. FULLMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-2000

Date

321-632-7576

Daytime Phone #

CR2E037 (9/99)

KE