

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000003363

FILED
May 01, 2003
Secretary of State

Entity Name: MAD DADS OF WAKULLA COUNTY, INC.

Current Principal Place of Business:

P.O. BOX 415
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 415
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 59-3519068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLES, REGINALD E
53 PINK GREEN ROAD
SOPCHOPPY, FL 32358 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NELSON, RANDY
Address: 134 KATHY ANN DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: PORTER, LEON
Address: 1893 SOPCHOPPY HWY
City-St-Zip: SOPCHOPPY, FL 32358

Title: D () Delete
Name: COLES, REGINALD E
Address: 53 PINK GREEN RD
City-St-Zip: SOPCHOPPY, FL 32358

Title: D () Delete
Name: CARTER, ANDREA
Address: 77 FRANK JONES RD.
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D () Delete
Name: HANWAY, JULIA
Address: 3128 CRAWDFORDVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL 32326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REGINALD COLES

D

05/01/2003

Electronic Signature of Signing Officer or Director

Date