

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024295

1. Entity Name
MADUX, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90001 001 ***150.00

Principal Place of Business

Mailing Address

8207 CALOOSA RD.
FT. MYERS FL 33912

8207 CALOOSA RD.
FT. MYERS FL 33912

2. Principal Place of Business

17481 DEVORE LN

Suite, Apt. #, etc.

FT. MYERS FL

City & State

3. Mailing Address

17481 DEVORE LN

Suite, Apt. #, etc.

FT. MYERS FL

City & State



DO NOT WRITE IN THIS SPACE

Zip
33913

Country
LEE

Zip
33913

Country
LEE

4. FEI Number

65-0984909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICHAEL ADAMS, DEREK
17481 DEVOR LN.
FT, MYERS FL 33913

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 *Derek M Adams*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ALLEN ADAMS, DEREK	
STREET ADDRESS	17481 DEVOR LN.	
CITY-ST-ZIP	FT. MYERS FL 33913	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	BOWKER, RICHARD ALLEN	
STREET ADDRESS	8207 CALOOSA RD.	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	S	<input type="checkbox"/> Delete
NAME	LATHER, BILLY SHELDON	
STREET ADDRESS	2281 CRYSTAL DR.	
CITY-ST-ZIP	FT. MYERS FL 33907	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEREK MICHAEL ADAMS	
STREET ADDRESS	17481 DEVORE LN	
CITY-ST-ZIP	FT. MYERS FL 33913	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Derek M Adams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 Mar 01

Date

Daytime Phone #

CR2E034 (10/00)