

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90037 019 ***158.75

DOCUMENT # P01000026052

1. Entity Name

MADISON Crest Enterprises, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12439 N.W. 56th CT.

3. Mailing Address

12439 N.W. 56th CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

80058882

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

4. FEI Number

65-1089996

Applied For

Not Applicable

Zip

33076

Country

USA

Zip

33076

Country

USA

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GREGORY RYAN

Street Address (P.O. Box Number is Not Acceptable)

12439 N.W. 56th CT.

City

CORAL SPRINGS

FL

Zip Code

33076

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.

GREGORY RYAN - P/T/D

(NOTE: Registered Agent signature required when reinstating)

25 March 02

DATE

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

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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/T/D
NAME: GREGORY RYAN
STREET ADDRESS: 12439 N.W. 56th CT
CITY-ST-ZIP: CORAL SPRINGS, FL 33076

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with an e-mail, or empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY RYAN - P/T/D

Date

25 March 02

Daytime Phone #

954.803.0917

CR2E034B (12/01)