

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2002 90020 032 ***150.00

DOCUMENT # P01000027885

1. Entity Name

MADDUX INVESTIGATIONS, INC.

Principal Place of Business

**4304 W. BEACHWAY DRIVE
TAMPA FL 33609**

Mailing Address

**4304 W. BEACHWAY DRIVE
TAMPA FL 33609**

2. Principal Place of Business

**2 ADALIA AV
Suite, Apt. #, etc. #707**

3. Mailing Address

**P.O. Box 10105
Suite, Apt. #, etc.**

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33606

Country

US

Zip

33679-0105

Country

US

4. FEI Number

59-3709490

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MADDUX, ROGER

**4304 W. BEACHWAY DRIVE
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name

ROGER MADDUX

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

2 ADALIA AVE. #707

City

TAMPA

FL

Zip Code

33606-3335

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-02

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, 2002 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 **D** ☐ Delete
NAME **MADDUX, ROGER**
STREET ADDRESS **4304 W. BEACHWAY DRIVE**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **MADDUX ROGER**
STREET ADDRESS **2 ADALIA AVE. #707**
CITY-ST-ZIP **TAMPA, FL 33606-3335**

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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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

Date

813/431-6210

Daytime Phone #

CR2E034 (9/01)