2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000027885

1. Entity Name

MADDUX INVESTIGATIONS, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90134 036 ***150.00

				WE TO			
Principal Place of Business 2 ADALIA AVE #707 TAMPA FL 33606		Mailing Address PO BOX 10105 TAMPA FL 33679-0100				: 	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State			Di	4. FEI Number 59-3709490		Applied For Not Applicable	
Zip	Country	Zip	Coun	try		3.75 Additional Required	
<u> </u>	Name and Address of Cu	rrent Registered Agent			7. Name and Address of New Registered Age		
MADDUX, ROGER 2 ADALÍA AVE #707				Name Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33606	5				FL	Zip Code	
SIGNATURE	entity submits this statem registered agent.		·	ed office or register	ed agent, or both, in the State of Florida. I am fami	liar with, and accept	
After May 1 Make Check Payab	DW!!! FEE IS \$150.00 , 2003 Fee will be \$55 ble to Florida Departme	0 0.00 ent of State			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS	AND DIRECTORS	11		ADDITIONS (CHANGES TO OFFIGERS AND SIE	TENTONO III	

10,	OFFICERS AND DIRECTOR		T 44	ADDITIONS /OUANIDES TO OFFICERS 1145	
				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE		☐ Delete	THTLE	Change	☐ Addition
NAME	MADDUX, ROGER		NAME		
STREET ADDRESS	2 ADALIA AVE, #707		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606-3335		: CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		Ì
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE					
NAME		☐ Delete	TITLE	☐ Change	☐ Addition
STREET ADDRESS			NAME		
			STREET ADDRESS	•	
CITY-ST-ZIP	·	 .	CITY-ST-ZIP		
TITLE		☐ Defete	TITLE	☐ Change	☐ Addition
NAME			NAME	•	_
STREET ADDRESS	,		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	[7] Channa	D Addition
NAME		L Deserte	NAME	☐ Change	Addition
STREET ADDRESS					1
CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME	_	- 1
STREET ADDRESS			STREET ADDRESS		1
CITY-ST-ZIP			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 trusted empowered to execute this report as required by Chapter 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OBDIRECTOR

1-9-03 8/3/431-6210

Daytime Phone #