## \*\*2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000033119 DOCUMENT # 03 AUG 13 FM 12: 14 1. Entity Name MADDEN MANUFACTURING OF PALM BEACH, INC. Principal Place of Business Mailing Address 4353 OKEECHOBEE BLVD. 4353 OKEECHOBEE BLVD. SUITE D-4 SUITE D-4 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address 07/21/03 90358 00/ \$150.00 Suite, Apt. #, etc. Suite, Apt. #. etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 07-1633151 Not Applicable \_Country\_ \_Zip\_\_\_ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNCAN, SCOTT G Street Address (P.O. Box Number is Not Acceptable) 4353 OKEECHOBEE BLVD. SUITE D-4 WEST PALM BEACH FL 33409 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its legistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS AFFIRE 150, do 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Irust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE RA Delete TITLE □ Change ☐ Addition HI-TECH EXTRUSIONS, INC. NAME NAME 4353 OKEECHOBEE BLVD. STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE MOUNER NAME 43530keeshobeeBlrd NAME STREET ADDRESS STREET ADDRESS West Pal - Beach 71.3340 CITY+ST-7IP CITY-ST-ZIP-☐ Delete Change ☐ Addition TITLE TITLE Larry Gamblin NAME NAME STREET ADDRESS STREET ADDRESS Same CITY-ST-ZIP CITY-ST-ZIP Secrebary ☐ Delete TITLE [ ] Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS Same CITY-ST-7P CITY-ST-71P TITLE TITLE ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. Change Delete TITLE Addition TITLE NAME NAME

12. Thereby 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 opening of trustee 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

-Scott Dyncan Preside

7/16/63 (561) 683455



## MADDEN MANUFACTURING OF PALM BEACH, INC.

July 16, 2003

Division of Corporations P.O. Box 1500 Tallahassee, FL. 32302-1500

To whom it may concern:

We did not receive our UBR packet by mail this year. In April we went on line and tried to file electronically, for whatever reason the electronic filing did not go thru which we were not aware of until now. Please accept our apologies if it was our error.

Respectfully,

Scott Duncan PRESIDENT