

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90272 001 ***150.00

FR14455 AV

DOCUMENT # P01000038732

1. Entity Name
MAD MARTHA, INC.

Principal Place of Business Mailing Address

1493 NAPPA DRIVE **1493 NAPPA DRIVE**
PORT ORANGE FL 32124 **PORT ORANGE FL 32124**



2. Principal Place of Business 3. Mailing Address

Volusia LAUNDRY CLEAN **Volusia LAUNDRY CLEAN**

Suite, Apt. #, etc. Suite, Apt. #, etc.

800 N. NOVA Rd. **800 N. NOVA Rd.**

City & State City & State

Daytona Beach, Fl. **Daytona Beach, Fl.**

Zip Zip Country

32117 **32117**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

59-3712862 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

ROSA, JOSE A JR. Name

1493 NAPPA DRIVE Street Address (P.O. Box Number is Not Acceptable)

PORT ORANGE FL 32124 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: *Martha M. Rosa* **MARTHA M. ROSA** 04/08/2002

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.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSA, JOSE A JR.	NAME	
STREET ADDRESS	1493 NAPPA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32124	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Martha M. Rosa* **MARTHA M. ROSA** 04/08/2002 253-6007

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)