

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

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90145 020 ***150.00

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DOCUMENT # P01000038732

1. Entity Name
MAD MARTHA, INC.



Principal Place of Business
VOLUSIA LAUNDRY CLEAN
800 N NOVA RD
DAYTONA BEACH FL 32117

Mailing Address
VOLUSIA LAUNDRY CLEAN
800 N NOVA RD
DAYTONA BEACH FL 32117

2. Principal Place of Business
Volusia LAUNDRY CLEAN
Suite, Apt. #, etc.
860 N. NOVA Ad.

3. Mailing Address
Volusia LAUNDRY CLEAN
Suite, Apt. #, etc.
860 N. NOVA RD.

City & State
Daytona Beach, FL.
Zip
32117
Country

City & State
Daytona Beach FL.
Zip
32117
Country

4. FEI Number
59-3712862

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ROSA, JOSE A JR.
1493 NAPPA DRIVE
PORT ORANGE FL 32124

7. Name and Address of New Registered Agent

Name
ROSA, JOSE A. JR.
Street Address (P.O. Box Number is Not Acceptable)
1493 NAPPA DRIVE
City PORT ORANGE FL Zip Code 32128

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Martha M. Rosa MARTHA M. ROSA

4/25/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	ROSA, JOSE A JR.	1493 NAPPA DRIVE	PORT ORANGE FL 32124	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	ROSA, JOSE A. JR.	1493 NAPPA DRIVE	PORT ORANGE FL. 32128	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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.

SIGNATURE: Martha M. Rosa MARTHA M. ROSA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03
Date

(386) 253-6007
Daytime Phone #

CR2E034 (10/02)