

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90161 035 ***150.00

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DOCUMENT # P01000046115

1. Entity Name
MADISON BANCSHARES, INC.

Principal Place of Business
35388 US HWY. 19 N.
PALM HARBOR FL 34684

Mailing Address
35388 US HWY. 19 N.
PALM HARBOR FL 34684

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
34911 US HWY 19 N
 Suite, Apt. #, etc.
SUITE 600

City & State
PALM HARBOR, FL

Zip
34684

Country
PINELLAS

4. FEI Number
59-3720289

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

IGLER & DOUGHERTY, P.A
1501 PARK AVE. E.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ 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.
 (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	<input type="checkbox"/> Delete
NAME	BYRD, ROBERT W	
STREET ADDRESS	35388 US HWY. 19 N.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANTONIS, GEORGE M	
STREET ADDRESS	35388 US HWY. 19 N.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANTONIS, THOMAS A	
STREET ADDRESS	35388 US HWY. 19 N.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	COULTER, WAYNE R	
STREET ADDRESS	35388 US HWY. 19 N.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUTLER, MELVIN S	
STREET ADDRESS	35388 US HWY. 19 N.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGIVNEY, ROBERT B	
STREET ADDRESS	35388 US HWY. 19 N.	
CITY-ST-ZIP	PALM HARBOR FL 34684	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS A. CASTRIOTA
STREET ADDRESS	35388 US HWY 19 N
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.

SEE CONTINUATION OF BLK 12 ATTACHED

SIGNATURE:  **HENRY O. SPEIGHT**

3/13/02

727-786-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

CONTINUATION OF BLOCK 12 - ADDITION/CHANGES TO OFFICERS/DIRECTORS

ADD DIRECTOR

TITLE: D
NAME: PAUL J. WIKLE
STREET ADDRESS: 33 CENTRAL COURT
CITY-STATE-ZIP: TARPON SPRINGS, FL 34689

P010000461/5

ADD OFFICER

TITLE: EVP
NAME: HENRY O. SPEIGHT
STREET ADDRESS: 34911 US HWY 19 NORTH
CITY-STATE-ZIP: PALM HARBOR, FL 34684