

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90305 003 \*\*\*150.00

**DOCUMENT # P01000046115**

**1. Entity Name**  
**MADISON BANCSHARES, INC.**



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

**Mailing Address**  
**34911 US HWY 19 N**  
**STE 600**  
**PALM HARBOR FL 34684**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3720289**

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**

**7. Name and Address of New Registered Agent**

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

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
NAME **BYRD, ROBERT W**  
STREET ADDRESS **35388 US HWY. 19 N.**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **S** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CANTONIS, GEORGE M**  
STREET ADDRESS **35388 US HWY. 19 N.**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CANTONIS, THOMAS A**  
STREET ADDRESS **35388 US HWY. 19 N.**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **D** ☒ Change ☐ Addition  
NAME **CASTRIOTA, THOMAS A.**  
STREET ADDRESS **35388 US HWY. 19 N.**  
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **D** ☐ Delete  
NAME **COULTER, WAYNE R**  
STREET ADDRESS **35388 US HWY. 19 N.**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CUTLER, MELVIN S**  
STREET ADDRESS **35388 US HWY. 19 N.**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **C** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MCGIVNEY, ROBERT B**  
STREET ADDRESS **35388 US HWY. 19 N.**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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.**

**SEE CONTINUATION OF BLKS. 11 & 12 ATTACHED**

**SIGNATURE:** *Martin W. Gladysz* **MARTIN W. GLADYSZ**

**3/25/03**

**727-786-5200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment 10052198  
PO 1000046115

**CONTINUATION OF BLOCK 10 - OFFICERS & DIRECTORS**

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

TITLE: V/AS  
NAME: DAVID PAETZOLD  
STREET ADDRESS: 35388 US HWY 19 NORTH  
CITY-STATE-ZIP: PALM HARBOR, FL 34684

**CONTINUATION OF BLOCK 11 - ADDITION/CHANGES TO OFFICERS/DIRECTORS**

ADD OFFICER

TITLE: V/T/AS  
NAME: MARTIN W. GLADYSZ  
STREET ADDRESS: 34911 US HWY 19 NORTH  
CITY-STATE-ZIP: PALM HARBOR, FL 34684

TITLE: V/AS  
NAME: MARGARET M. ORR  
STREET ADDRESS: 34911 US HWY 19 NORTH  
CITY-STATE-ZIP: PALM HARBOR, FL 34684

TITLE: AS  
NAME: ARLENE V. PHILLIPS  
STREET ADDRESS: 35388 US HWY 19 NORTH  
CITY-STATE-ZIP: PALM HARBOR, FL 34684

TITLE: V/AS  
NAME: O. B. YOUNG, III  
STREET ADDRESS: 35388 US HWY 19 NORTH  
CITY-STATE-ZIP: PALM HARBOR, FL 34684

DELETE OFFICER

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