

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93660 003 ***150.00

DOCUMENT # P01000094320

1. Entity Name
MADD DOGS INSTALLATION INC.

Principal Place of Business
 11420 FORTUNE CIRCLE, SUITE 137
 WELLINGTON FL 33414

Mailing Address
 11420 FORTUNE CIRCLE, SUITE 137
 WELLINGTON FL 33414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-333-6705		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KING, MATTHEW S 11420 FORTUNE CIRCLE, SUITE 137 WELLINGTON FL 33414		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VTD	TITLE	
NAME	KING, MATTHEW S	NAME	
STREET ADDRESS	13827 EXOTICA LANE	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE	PS	TITLE	
NAME	CARNAHAN, BRETT D	NAME	
STREET ADDRESS	12328 W HAMPTON CIR	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE	V	TITLE	
NAME	PURNELL, MARK	NAME	
STREET ADDRESS	1385 WHITE PINE DR	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Matthew S. King 4/19/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)