

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90114 005 ***158.75

DOCUMENT # P01000094320

1. Entity Name

MADD DOGS INSTALLATION INC.



Principal Place of Business

**11420 FORTUNE CIRCLE, SUITE 1-37
WELLINGTON FL 33414**

Mailing Address

**11420 FORTUNE CIRCLE, SUITE 1-37
WELLINGTON FL 33414**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-3336705

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, MATTHEW S

**11420 FORTUNE CIRCLE, SUITE 1-37
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

TIMOTHY P. MCCLURE

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

11540 TURNSTONE DRIVE

City

WELLINGTON

FL

Zip Code

33414

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

TIMOTHY P. MCCLURE

Timothy P. McClure

12/30/02

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VTD** ☒ Delete
NAME **KING, MATTHEW S**
STREET ADDRESS **13827 EXOTICA LANE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **PS** ☐ Delete
NAME **CARNAHAN, BRETT D**
STREET ADDRESS **12328 W HAMPTON CIR**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **V** ☐ Delete
NAME **PURNELL, MARK**
STREET ADDRESS **1385 WHITE PINE DR**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MARK PURNELL (1ST V.P.)** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1385 WHITE PINE DR.**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **TIMOTHY P. MCCLURE** ☐ Change ☒ Addition
NAME
STREET ADDRESS **11540 TURNSTONE DR. (CEO)**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **PEDRO ANCHILLO** ☐ Change ☒ Addition
NAME
STREET ADDRESS **57 RAMBY DR. (2ND V.P.)**
CITY-ST-ZIP **LANTANA FL 33462**

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

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

TITLE ☐ 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.

SIGNATURE:

TIMOTHY P. MCCLURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/02 **561-385-9732**
Daytime Phone #

CR2E034 (10/02)