

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-02-2003 90390 022 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # P02000059654

1. Entity Name
LA MADONE REGISTRY, INC.



Principal Place of Business
605 CRESCENT EXECUTIVE COURT STE 300
LAKE MARY, FL 32746-2100

Mailing Address
605 CRESCENT EXECUTIVE COURT STE 300
LAKE MARY, FL 32746-2100

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

13-4204061

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

CONSTANT, ODETTE
469 ALINOLE CIRCLE
LAKE MARY, FL 32748

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, typewritten printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

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 ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
CONSTANT, ODETTE
469 ALINOLE CIRCLE
LAKE MARY, FL 32748

Director

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
LITTLE, RUDY
P.O. BOX 100748
PALM BAY, FL 32910

Assistant
Director

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Delete

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:

Odette Constant

ODETTE CONSTANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/03
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