

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006978

1. Entity Name
MADDCO HOLDINGS, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90092 030 ***550.00

Principal Place of Business

1345 INDUSTRIAL PARK RD
MULBERRY FL 33860
US

Mailing Address

1345 INDUSTRIAL PARK RD
MULBERRY FL 33860
US

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 **59-3167641**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCNAMARA, THOMAS P
101 E. KENNEDY BLVD.
SUITE 4100
TAMPA FL FL336-2

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **VD** ☐ Delete
NAME **MADDY, WALTER L**
STREET ADDRESS **3206 MIDWAY RD.**
CITY-ST-ZIP **PLANT CITY FL**

TITLE **DP** ☐ Delete
NAME **SISTRUNK, THOMAS C**
STREET ADDRESS **2211 WEDGEWOOD CT**
CITY-ST-ZIP **PLANT CITY FL**

TITLE **ST** ☐ Delete
NAME **E RAE, SOLOMON**
STREET ADDRESS **5129 BONNY BROOK DR. E.**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/2000

Date

863-425-3188

Daytime Phone #

CR2E034 (5/00)