2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000038776**

1. Entity Name

MADISON ENVIRONMENTAL SERVICES, INC.

Principal Place of Business IS HIGHWAY 90 EAST MADISON FL 32340			Mailing Address PO BOX 157 MADISON FL 32340								
2. Principal Place of Business			3. Mailing Address) 18111 196 11 1	1010 0111 10C1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4.	4. FEI Number 59-3182491 Applied For Not Applicable			
Zip Country		Zip Coun			ntry			8.75 Ad se Require	ditional		
	6. Name	and Address of Current	Register	ed Agent	=		7.	Name and Address of New Registered Ag	•		
IOUNGON LIV						Name ,					
JOHNSON, J K US HIGHWAY 90 EAST				ļ			Street Address (P.O. Box Number is Not Acceptable)				
MADISON FL 32340											
						City		FL.	Zip Coc	de	
8 The above	named entity	submits this statement for	r the nurr	nose of changing its	register	ed office or rea	ietered a	gent, or both, in the State of Florida. I am far	niliar with	and accept	
	ions of regist		i tile pair	ose of changing its	egister	ed office of reg	jistered a	gent, or both, in the state of horiza. Tanhai	mica with	and accept	
SIGNATURE .	. ande	THE W									
	Signature, typed	or printed name of registered agent a	and title if app	olicable. (NOTE:	Registere	d Agent signature re	quired 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 St				tate				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.		OFFICERS AND	DIRECTO	I PRS	11.		Α	DDITIONS/CHANGES TO OFFICERS AND D	IRECTOR	S IN 11	
TREET ADDRESS	P Johnson, 100 e Fral Madison F	eigh dr.		☐ Delete]	Change	☐ Addition	
TITLE NAME STREET ADDRESS	ST	JACQUELINE P LEIGH DR.		☐ Delete]	□ Change	☐ Addition	
IITLE: NAME STREET ADDRESS CITY-ST-ZIP		ه دور کا خدامت	-	- 🗀 Detete 🗀			e] Change	~ Addition	
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TILE				Delete	TITLE				Change	☐ Addition	

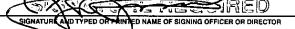
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



4-14-03

850-973-2277

Daytime Phone #

Apr 15, 2003 8:00 am Secretary of State 04-15-2003 90106 038 ***150.00

CH2E034 (10/02)