

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057436

1. Entity Name

MADCO OF UK, INC.

FILED

Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90229 050 ***158.75

Principal Place of Business

436 20TH AVE NE
ST PETERSBURG FL 33702

Mailing Address

33 4ST NOE
#210
ST PETERSBURG FL 33701
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

59-3188293

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARAMELLO, JAMES

33 4 ST N

#210

ST PETERSBURG FL 33701

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 \$150.00
After MAY 1, 2000 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	P	<input type="checkbox"/> Delete
NAME	CARAMELLO, JIM	
STREET ADDRESS	436 20TH AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARAMELLO, JOHN	
STREET ADDRESS	436 20TH AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CARAMELLO, JANET E	
STREET ADDRESS	3072 43RD ST SW	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Caramello, J. M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	33 4ST. No. #210	
STREET ADDRESS	ST. PETERSBURG, FL 33701	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Date

Daytime Phone #

1/11/2000

(727) 821-1617

CR2E034 (9/99)