

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90178 007 \*\*\*150.00

DOCUMENT # P95000013248

1. Entity Name

~~CONTINENTAL CAPITAL & EQUITY CORPORATION~~

MADISON 1/3 WALL WORLDWIDE, INC.

name change  
filed under  
amendment

Principal Place of Business

195 WEKIVA SPRGS RD #200  
LONGWOOD FL 32779  
US

Mailing Address

195 WEKIVA SPRGS RD #200  
LONGWOOD FL 32751  
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

59-3299963

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

~~MANION, JOHN R~~ it  
195 WEKIVA SPRINGS RD  
STE 200  
LONGWOOD FL 32779

Name

HANDY, DODI B

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

195 WEKIVA SPRINGS RD

SUITE 200

City

LONGWOOD

FL

Zip Code

32779

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, 2001 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	PD	<input checked="" type="checkbox"/> Delete
NAME	MANION, JOHN R	
STREET ADDRESS	195 WEKIVA SPRINGS RD- STE 200	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANDY, DODI B	
STREET ADDRESS	195 WEKIVA SPRINGS RD-STE 200	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBSON, SCOTT A-B	
STREET ADDRESS	195 WEKIVA SPRINGS RD- STE 200	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNAPPE, JAMES R	
STREET ADDRESS	195 WEKIVA SPRINGS RD-STE 200	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, BRUCE	
STREET ADDRESS	195 WEKIVA SPRINGS RD-STE 200	
CITY-ST-ZIP	LONGWOOD, FL 32779	
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 supplement 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

407-682-2001

Daytime Phone #

CR2E034 (10/00)