

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90497 043 ***150.00

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1. Entity Name
MAD GENERAL CONTRACTORS, INC.



Principal Place of Business
**13212 SW 131 ST
MIAMI FL 33186
US**

Mailing Address
**13212 SW 131 ST
MIAMI FL 33186
US**

2. Principal Place of Business
891 ELLEN DRIVE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 0572
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
KEY LARGO FL

City & State
KEY LARGO, FL

4. FEI Number
65-0612602

Applied For
Not Applicable

Zip
33037
Country
MONROE

Zip
33037-0572
Country
MONROE

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

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name
MICHAEL A. MCCOY
Street Address (P.O. Box Number is Not Acceptable)
891 ELLEN DRIVE

City
KEY LARGO **FL** Zip Code
33037

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 *Michael A. McCoy* **MICHAEL A. MCCOY - SEC/TREAS** **2/28/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required 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 State

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
PD ☐ Delete
NAME
SCHMANDT, LAWRENCE
STREET ADDRESS
13212 SW 131 ST
CITY-ST-ZIP
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
1501 S.W. 50 AVE.
STREET ADDRESS
FT. LAUDERDALE FL 33317
CITY-ST-ZIP

TITLE
SDT ☐ Delete
NAME
MCCOY, MICHAEL A
STREET ADDRESS
13212 SW 131 ST
CITY-ST-ZIP
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
891 ELLEN DRIVE
STREET ADDRESS
KEY LARGO, FL 33037
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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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: *Michael A. McCoy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03 **305-278-1907**
Date Daytime Phone #

CR2E034 (10/02)