

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092275

1. Entity Name

MADEIRA COVE, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90039 031 ***150.00

Principal Place of Business

Mailing Address

8870 N PORT WASHINGTON ROAD
MILWAUKEE WI 53217
US

8870 N PORT WASHINGTON RD
MILWAUKEE WI 53217-1628
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 **59-3361595**

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

MOSLEY, CURTIS B
1221 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------------------|----------------------|----------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | PD | | | | | | | | | |
| | ZETLEY, HOWARD M | 9335 N RIVER BEND CT | RIVER HILLS WI | | | | | | | |
| | STD | | | | | | | | | |
| | WIENER, MARK A | 10425 N APPLEWOOD CT | MEQUON WI | | | | | | | |
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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 #

2/10/00 (414) 352-1580

CR2E034 (9/99)