

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003575

1. Entity Name

MADISON INVESTMENTS OF PENSACOLA, INC.

Principal Place of Business

4300 BAYOU BLVD., STE. 12 & 13  
PENSACOLA FL 32503

Mailing Address

4300 BAYOU BOULEVARD  
SUITE 13  
PENSACOLA FL 32503-2671

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3357853**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLEMING, EDWARD P  
4300 BAYOU BLVD., STE. 12 & 13  
PENSACOLA FL 32503

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, 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	NAME	TITLE	NAME
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>FLEMING, EDWARD P</b>	STREET ADDRESS	
CITY-ST-ZIP	4300 BAYOU BLVD. STE 12	CITY-ST-ZIP	
	PENSACOLA FL 32503		
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>VPST</b>	STREET ADDRESS	
CITY-ST-ZIP	ATCHISON, LOUISE	CITY-ST-ZIP	
	400 TURNBERRY		
	CANTONMENT FL 32533		
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>D</b>	STREET ADDRESS	
CITY-ST-ZIP	MOORHEAD, STEPHEN R	CITY-ST-ZIP	
	4300 BAYOU BLVD., SUITE 13		
	PENSACOLA FL 32503-2671		
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Edward P. Fleming

1/11/01

(850) 477-0660

Date

Daytime Phone #

046079

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90110 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)