

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90179 026 ***150.00

DOCUMENT # P96000025703

1. Entity Name
THOMAS MARSHALL MADISON, JR., C.P.A., P.A.

Principal Place of Business
2787 E. OAKLAND PARK BLVD.
SUITE 301
FT. LAUDERDALE FL 33306

Mailing Address
2787 E. OAKLAND PARK BLVD.
SUITE 301
FT. LAUDERDALE FL 33306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2701-C E. OAKLAND PARK BLVD

Suite, Apt. #, etc.

FT. LAUDERDALE

City & State
FT. LAUDERDALE, FL

Zip

33306

Country

USA

3. Mailing Address

2701-C E. OAKLAND PARK BLVD

Suite, Apt. #, etc.

FT. LAUDERDALE

City & State
FT. LAUDERDALE, FL

Zip

33306

Country

USA

4. FEI Number **59-3367117**

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

MADISON, THOMAS M JR.
2787 E. OAKLAND PARK BLVD.
SUITE 301
FT. LAUDERDALE FL 33306

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 **PST** ☐ Delete
 NAME **MADISON, THOMAS M JR.**
 STREET ADDRESS **2787 E. OAKLAND PARK BLVD. SUITE 301**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

THOMAS M. MADISON JR.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2001
 Date

954-561-8959
 Daytime Phone #

CR2E034 (10/00)