

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90165 038 \*\*\*158.75

**DOCUMENT # P96000043796**

1. Entity Name  
**MADDEN MANUFACTURING, CO.**



Principal Place of Business  
**1889 NW 22ND STREET  
POMPANO BEACH FL 33069**

Mailing Address  
**1889 NW 22ND STREET  
POMPANO BEACH FL 33069**

2. Principal Place of Business  
**1889 N.W. 22 Street**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Pompano Beach, Florida**

City & State

Zip  
**33069**

Country  
**USA**

Zip

Country

4. FEI Number  
**65-0704673**

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

**M ADDEN, MARY ANNE  
1889 NW 22ND STREET  
POMPANO BEACH FL 33069**

Name  
**Mary Anne Madden**

Street Address (P.O. Box Number is Not Acceptable)  
**1889 N.W. 22 Street**

City  
**Pompano Beach, Florida FL 33069**

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

**02/07/2003**

DATE

Signature of Mary Anne Madden, agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
MADDEN, MARY ANNE  
1889 NW 22ND STREET  
POMPANO BEACH FL 33069** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
MADDEN, MICHAEL R  
1889 NW 22ND STREET  
POMPANO BEACH FL 33069** ☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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:

**MARY ANNE MADDEN, PRESIDENT**

**02/07/2003**

Date

**(954) 975-2071**

Daytime Phone #

CR2E034 (10/02)