

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90146 040 ***150.00

DOCUMENT # P96000077579

1. Entity Name
JOHN W. MADDEN, P.A.

Principal Place of Business 759 S. FEDERAL HIGHWAY SUITE 212 STUART FL 34994	Mailing Address 759 S. FEDERAL HIGHWAY SUITE 212 STUART FL 34994
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00000401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 789 S. Federal Hwy	3. Mailing Address 789 S. Federal Hwy
Suite, Apt. #, etc. Ste 310	Suite, Apt. #, etc. Ste 310

City & State Stuart FL	City & State Stuart FL	4. FEI Number 65-0698589	Applied For <input type="checkbox"/> Not Applicable
Zip 34994	Country Martin	Zip 34994	Country Martin

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

**MADDEN, JOHN W
 759 S. FEDERAL HIGHWAY
 SUITE 212
 STUART FL 34994**

Name John W. Madden
Street Address (P.O. Box Number is Not Acceptable) 789 S. Federal Hwy
Ste 310
City Stuart FL Zip Code 34994

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 *John Madden* John Madden (Pres) 4-19-02
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, 2002 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	D MADDEN, JOHN W 759 S. FEDERAL HIGHWAY, SUITE 212 STUART FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Madden, John W 789 S. Federal Hwy Ste 310 Stuart FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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

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: *John Madden* John Madden (Pres) 4-19-02 (772) 220-3076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)