

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085136

1. Entity Name

MADER, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90029 047 ***150.00

Principal Place of Business

Mailing Address

12882 PALM DR
LARGO FL 33774
US

12882 PALM DR
LARGO FL 33774-4708
US

2. Principal Place of Business

3. Mailing Address

10815 131 ST N
Suite, Apt. #, etc.

10815 131 ST N
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

LARGO, FL

LARGO, FL

4. FEI Number

59-3403838

Applied For

Not Applicable

Zip

Country

33774 PINELLAS

Zip

Country

33774 PINELLAS

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

MADER, DONALD F
12882 PALM DR
LARGO FL 33774

Name

MADER DONALD F.

Street Address (P.O. Box Number is Not Acceptable)

10815 131 ST N

City

LARGO

FL

Zip Code

33774

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)

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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	PSTD MADER, DONALD F 12882 PALM DR LARGO FL 33774	<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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

DONALD F. MADER (PRESIDENT) 4/12/00
(727) 595-9183

CR2E034 (9/99)