

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089004

1. Entity Name

MADISON & COMPANY CONSULTANTS, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90062 043 ***150.00

Principal Place of Business

640 WORTHINGTON DRIVE
WINTER PARK FL 32789
US

CHANGE PLEASE

Mailing Address

640 WORTHINGTON DRIVE
WINTER PARK FL 32789-5244
US

CHANGE PLEASE

2. Principal Place of Business

11337 RIVERBANK BLVD

3. Mailing Address

11337 RIVERBANK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

58-2277508

Applied For

Not Applicable

Zip

32817

Country

ORG

Zip

32817

Country

ORG

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

MAYBERRY, ROBERT G II
640 WORTHINGTON DRIVE
WINTER PARK FL 32789

CHANGE PLEASE

Name

MAYBERRY, ROBERT G. II

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

11337 RIVERBANK BLVD

City

ORLANDO

FL

Zip Code

32817

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]

ROBERT G. MAYBERRY II PRESIDENT

1-3-99

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. ☐

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MAYBERRY, ROBERT G II
640 WORTHINGTON DRIVE
WINTER PARK FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MAYBERRY, MARILYN JANE
324 CONCORD AVE NE
ORANGE CITY IA 51041

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIRECTOR
MAYBERRY, ANDREA
11337 RIVERBANK BLVD
ORLANDO FL 32817

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIRECTOR
MAYBERRY, ROBERT G II
11337 RIVERBANK BLVD
ORLANDO, FL 32817

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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]

ROBERT G. MAYBERRY II PRESIDENT 1-3-99

(407) 201-5413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)