

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

FILED

02 MAR 14 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000026716

1. Entity Name  
MADEE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
7076 N.E. ROAN STREET

3. Mailing Address  
400 N. ASHLEY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2300, ATT: K. WHEELER

DO NOT WRITE IN THIS SPACE

City & State  
ARCADIA, FLORIDA

City & State  
TAMPA, FLORIDA

4. FEI Number  
65-0796298

Applied For  
Not Applicable

Zip  
34266

Country  
USA

Zip  
33602

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
LANE, WILLIAM R JR.

Street Address (P.O. Box Number is Not Acceptable)  
400 NORTH ASHLEY DRIVE, SUITE 2300

City  
TAMPA

FL

Zip Code  
33602

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
D  
WILSON, MARY S.  
STREET ADDRESS  
7076 N.E. ROAN ST.  
CITY-ST-ZIP  
ARCADIA, FLORIDA 34266

TITLE  
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\*\*\*\*150.00 \*\*\*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mary S. Wilson Mary S. Wilson, President 3-11-02 863-494-1721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)