

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91330 008 ***150.00

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DOCUMENT # P97000026716

1. Entity Name
MADEE, INC.



Principal Place of Business
**7076 N.E. ROAN STREET
ARCADIA FL 34266**

Mailing Address
**400 N. ASHLEY DRIVE
#2300. ATTN: K. WHEELER
TAMPA FL 33602**



2. Principal Place of Business
2055 S. FLORIAN AVE LOT 242

3. Mailing Address

Suite, Apt. #, etc.
LOT 242

Suite, Apt. #, etc.

City & State
BARLOW FL

City & State

4. FEI Number **65-0796298**

Applied For

Not Applicable

Zip
33830

Country
POH

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANE, WILLIAM R JR.
400 NORTH ASHLEY DRIVE
SUITE 2300
TAMPA FL 33602**

Name
MARY S. WILSON

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

2055 S. FLORIAN AVE, LOT 242

City
BARLOW

FL

Zip Code
33830

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 *Mary S. Wilson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
**D
WILSON, MARY S
7076 N.E. ROAN ST.
ARCADIA FL 34266** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**REGISTERED AGENT
WILSON, MARY S.
2055 S. FLORIAN AVE, LOT 242
BARLOW, FL 33830** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 S. Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03 519-6461

Date

Daytime Phone #

CR2E034 (10/02)