

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000096362**

1. Entity Name  
**MADNESS, INC.**

**FILED**

02 FEB -7 PM 3:24

Principal Place of Business

10900 S. OCEAN DR  
JENSEN BCH FL 34957  
US

Mailing Address

10900 S. OCEAN DR  
JENSEN BCH FL 34957  
US

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0793619**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FARACH, MANUEL**  
**1645 PALM BCH LKS BLVD**  
**STE 1200**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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)

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MERRILL, BONNIE A</b>	
STREET ADDRESS	<b>10900 S OCEAN DR</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERRILL, BONNIE A.</b>	
STREET ADDRESS	<b>10900 S. OCEAN DR</b>	
CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>	
TITLE	<b>V/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BIRD, MICHAEL W.</b>	
STREET ADDRESS	<b>10900 S. OCEAN DR</b>	
CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MASTRONARDI, ANNE</b>	
STREET ADDRESS	<b>10200 S. OCEAN DR</b>	
CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**200004900572--9**  
**-02/11/02--01085--005**  
**\*\*\*300.00 \*\*\*150.00**

**LS**

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:

*Anne Mastronardi* Secretary ANNE MASTRONARDI 561-229-6210  
1/07/02  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/01)