

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077729

1. Entity Name

MADI TRANSPORT, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90461 028 ***158.75

Principal Place of Business Mailing Address
 HORSESHOE BEND 106 HORSESHOE BEND
 SPRINGS FL 32130 DELEON SPRINGS FL 32130-3415



DO NOT WRITE IN THIS SPACE

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 59-3531828 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SUTTER, BERNARD R
 3036 BIG SKY BLVD
 KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name: DIANNE T. Lough
 Street Address (P.O. Box Number is Not Acceptable)
 106 HORSESHOE BEND
 DELEON SPRINGS, FL
 City FL Zip Code 32130

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 DIANNE T. Lough DIANNE T. Lough - PRESIDENT 4/24/00
 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, 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	<input type="checkbox"/> Delete
D	LOUGH, DIANNE	106 HORSESHOE BEND	DELEON SPRINGS FL 32130	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT (P)(D)	DIANNE T. Lough	106 HORSESHOE BEND	DELEON SPRINGS, FL 32130	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURER (T)	MARK J. Lough	106 HORSESHOE BEND	DELEON SPRINGS, FL 32130	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: DIANNE T. Lough DIANNE T. Lough 4/24/00 904.985-3911
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)