2003 FOR PROFIT CORPORATION 0572 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam CCH JEF	# P9800 MADISON, INC.		FILED 03 APR 18 AM 8: 14 SECKERALY OF STATE TALEATIASSEF FROM						ĄV				
Principal Place of Business C/O CREATIVE CHOICE HOMES 4243-D NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410								ng Address Creative Choice H D Northlake Blvd Beach Gardens I					
2. Principal Place of Business				3. Mailing Address				!	11 60 111 11 11	I 1016) 6111)		310 3111 1 00 1	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 65-0873894 Applied For Not Applica					7
Zip Country			Zip C			puntry		Certificate of Status Desired	$\overline{\forall}$	\$8.75 Fee Re	Addi	tional	1
	6. Name	and Address of Current	Register	ed Agent			7.	Name and Address of New R	egistere				
DADOT D	W 10					Name							
Barot, Dilip 4243 Northlake Blvd.,Ste.d					Street Address	Street Address (P.O. Box Number is Not Acceptable)					***	1	
		NS FL 33410						 .					7
						City			F	Zip	Code		╣
	tions of registe							gent, or both, in the State of Fic	orida. I ar	n familiar	with, a	ind accept	1
	-		and the II app	megale. (NOT)	E: Hegistere	d Agent signature require	a when r	einstating)	DATE				-
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department o	f State					Election Campaign Fir Trust Fund Contributio	-			May Be to Fees	
10.		OFFICERS AND	DIRECTO	PRS	11.		ΑE	L DDITIONS/CHANGES TO OFF	ICERS AN	ND DIREC	TORS	IN 11	┪_
TITLE	DPT	ID.		☐ Delete	TITLE					☐ Cha	inge	Addition	702
NAME STREET ADDRESS CITY-ST-ZIP		IP HLAKE BLVD.,STE.D CH GARDENS FL 334	10			EET ADDRESS ST-ZIP		\bigcap					CR2E034 (10/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N F HLAKE BLVD.,STE.D CH GARDENS FL 334	10	☐ Delete			•	M		☐ Cha	nge	Addition	CR2
TITLE NAME STREET ADDRESS CITY-SI-ZIP		MOTHY P HLAKE BLVD.,STE.D CH GARDENS FL 334	10	Delete		I		500017 0 04/25/0301026-	-001	345 **15	-	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ASHPAL RTHLAKE BLVD CH GARDENS FL 3341	10	☐ Delete		i	-			☐ Cha	nge	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Cha	nge	Addition	
TITLE Name Street address City-St-Zip				□ Delete		1				☐ Cha	nge	Addition	
12. I hereby of indicated of the corchanged,	certify that the on this report poration or the or on an attac	information supplied with or supplemental report is receiver or trustee empo hment with an address, v	this filing true and owered to with all oth	does not qualify for accurate and that ri execute this report er like empowered.	the exer y signat as recali	mption stated in Si ture shall have the red by Chapter 60	ection same 7, Flori	119.07(3)(i), Florida Statutes. legal effect as if made under cida Statutes; and that my name	further coath; that appears	ertify that I am an of in Block	the infi ficer o 10 or E	ormation or director Block 11 if	1

SIGNATURE:

-1/30/03

Date

(561) 627-7988