

2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED

Jul 05, 2000 8:00 am
Secretary of State

06-06-2000 90010 009 ***150.00

DOCUMENT # P99000010116

1. Entity Name

Madison Avenue, Inc.

R

Principal Place of Business

Mailing Address

27 Quincy Circle
Seaside FL 32459

P.O. Box 4915
Santa Rosa Beach, FL
32459

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

59-3645574

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Laura Orsborn

P.O. Box 4915

Santa Rosa Beach, FL
32459

Name

same

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

Post office will only deliver mail to
55 Bourne Lane P.O. Box

City Santa Rosa Beach FL

Zip Code 32459

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

Laura Orsborn

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

(NOTE: Registered Agent signature required when re-registering)

May 1, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Sec/Treasurer
NAME Cheri Apel
STREET ADDRESS P.O. 4915
CITY-ST-ZIP Seaside FL 32459

☒ Delete

TITLE
NAME June Orsborn Rice
STREET ADDRESS 18 Corte Palma
CITY-ST-ZIP Santa Rosa Beach FL 32459

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Laura Orsborn LAURA ORSBORN

5-1-00

850-231-0311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)