

REPORT (UBR)

DOCUMENT # P99000037111

1. Entity Name  
MADIAS ENTERPRISES, INC.

Principal Place of Business  
9 FORBES PLACE  
SUITE 711  
DUNEDIN FL 34698

Mailing Address  
9 FORBES PLACE  
SUITE 711  
DUNEDIN FL 34698-8528

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

6. Name and Address of Current Registered Agent  
ACCOUNTING & TAX HELP, INC.  
8668 PARK BLVD, SUITE A  
SEMINOLE FL 33777

7. Name and Address of New Registered Agent  
Name NICK G. MADIAS  
Street Address (P.O. Box Number is Not Acceptable)  
9 FORBES PLACE SUITE 711  
City DUNEDIN FL Zip Code 34698

4. 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 *Nick G. Madias* NICK G. MADIAS - PRESIDENT 5-1-00  
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

5. 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Nick G. Madias* NICK G. MADIAS 5/1/00 727-734-4957  
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

FILED  
May 26, 2000 8:00 am  
Secretary of State  
05-26-2000 90085 014 \*\*\*558.75



DO NOT WRITE IN THIS SPACE