

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90305 026 ***158.75

DOCUMENT # P99000062114

1. Entity Name
MADISON CONTRACTOR'S, INC.



Principal Place of Business
**615 CRESCENT EXE. COURT
120
LAKE MARY FL 32746**

Mailing Address
**615 CRESCENT EXE. COURT
120
LAKE MARY FL 32746**



☐ CHECK HERE IF MAKING CHANGES

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 **59-3588091**

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

**GRAY, N DWAYNE JR
GREENSPOON, MARDER, HIRSCHFIELD, ET AL
135 W CENTRAL BLVD, SUITE 1100
ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VPST	BORCK, TODD L	615 CRESCENT EXECUTIVE COURT, STE 120	LAKE MARY FL 32746	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	WOLF, JONATHAN L	615 CRESCENT EXECUTIVE CT., STE 120	LAKE MARY FL 32746	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
AS	GRAY, DWAYNE N JR	135 WEST CENTRAL BLVD., STE 1100	ORLANDO FL 32801	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
AT	AHR, KAREN L	615 CRESCENT EXECUTIVE CT., STE 120	LAKE MARY FL 32746	<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"/>

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd Borck 1/9/03 407-333-3233
Date Daytime Phone #