

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000073420

1. Entity Name

MADISON FINANCIAL SERVICES, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90051 003 \*\*\*150.00

Principal Place of Business      Mailing Address  
7171 NORTH FEDERAL HIGHWAY      7171 NORTH FEDERAL HIGHWAY  
BOCA RATON FL 33487      BOCA RATON FL 33487-1612

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
650512453      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  
GOLDSTEIN, DONALD I      Name  
7171 NORTH FEDERAL HIGHWAY      Street Address (P.O. Box Number is Not Acceptable)  
BOCA RATON FL 33487      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.

SIGNATURE      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.      FILE NOW!!! FEE IS \$150.00      10. Election Campaign Financing      \$5.00 May Be  
(See criteria on back)      After MAY 1, 2000 Fee will be \$550.00      Trust Fund Contribution.      Added to Fees  
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. GOLDSTEIN 7171 N. Fed Hwy BOCA RATON FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:      561-990-3800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)