

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAR 14 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000073726

1. Entity Name
MADEE TWO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7076 N.E. ROAN STREET

3. Mailing Address
400 N. ASHLEY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2300, ATT: K. WHEELER

DO NOT WRITE IN THIS SPACE

City & State
ARCADIA, FLORIDA

City & State
TAMPA, FLORIDA

4. FEI Number
59-3612472

Applied For
Not Applicable

Zip
34266

Country
USA

Zip
33602

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
WILSON, MARY S.

Street Address (P.O. Box Number is Not Acceptable)
7076 N.E. ROAN ST.

City
ARCADIA

FL

Zip Code
34266

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.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
D P
WILSON, MARY S.
STREET ADDRESS
7076 N.E. ROAN ST.
CITY-ST-ZIP
ARCADIA, FLORIDA 34266

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****150.00 ****150.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mary S. Wilson Mary S. Wilson, President 3-11-02 863-494-1721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)