2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

V35413 DOCUMENT

1. Entity Name

TRICIA A. MADDEN, P.A.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90712 048 ***158.75

				7		
Principal Pla 500 E ALTA STE 200	ace of Business MONTE DR	Mailing Address 500 E ALTAMONTE DR STE 200	-			
ALTAMONTE	SPRINGS FL 32701	ALTAMONTE SPRINGS FL	32701	A MERLIA DIALARA MUNIT DUNA DARAKA KURTA KUMA	IBN DIDIR ANDIR OYDYI DIDIR ANDIN YODI	
2. Principal Place of Business		3. Mailing Address			(B) (B) (B) (B) (B) (B) (B) (B) (B) (B)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & Sta	ate	City & State	•	4. FEI Number 59-3121095	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable * \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Register		
## ##**	and the second second	• •	Name	and the second s	ou ngont	
MADDEN, TRICIA A. 500 e altamonte dr			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
STE 200						
ALTAMONTE SPRINGS FL 32701			City		Zip Code	
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or regis	stered agent, or both, in the State of Florida. 1	am familiar with, and accept	
trie obliga	mons or registered agent.					
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requ	ulred when reinstating) DA	E	
€ Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State.		9. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
10.		DIRECTORS IN A STREET	1100 ST 7	APDITIONS (CHANGES TO CERTOTED)	ND DIDECTORS III 44	
TITLE	P	□ Delete		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11 1/4	
NAME	MADDEN, TRICIA A.		NAME	A PROPERTY OF THE PROPERTY OF	Change Addition	
STREET ADDRESS	500 E ALTAMONTE DR #200		STREET ADDRESS			
CITY-ST-ZIP.	ALTAMONTE SPGS FL	•	CITY-ST-ZIP			
TITLE 1		☐ Delete	TITLE	,	☐ Change ☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME	•	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		. Delete	TITLE		☐ Change ☐ Addition	
NAME		/ Delette	NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SCHATTIRE DECLIRECTATION SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

407 260 0440

Change

Addition