

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V62001

1. Entity Name

MADGE ELAINE'S WORLD OF ENTERTAINMENT, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90142 040 \*\*\*150.00

Principal Place of Business

Mailing Address

5105 E COLONIAL DR  
ORLANDO FL 32803  
US

5105 E COLONIAL DR  
ORLANDO FL 32803-4385  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3143396

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRANITO, MARGARET P  
GRANITO ACCOUNTING SERVICES, INC.

~~4985 PALM AVE N SUITE 220~~ CORRECTION ON ADD.  
WINTER PARK FL 32792

Name

Street Address (P.O. Box Number is Not Acceptable)

7139 Timber DR.

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  
(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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PTD~~  
NAME ~~SIMPSON, MADGE~~ CORRECTION  
STREET ADDRESS ~~5132 HICKORY RIDGE RD~~ ON ADD  
CITY-ST-ZIP ~~ORLANDO FL~~

☐ Delete

TITLE PTD  
NAME Simpson, Madge  
STREET ADDRESS 5105 E. COLONIAL DR.  
CITY-ST-ZIP ORLANDO, FL 32803

☐ Delete

TITLE  
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NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Madge Simpson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00 407-207-3192  
Date Daytime Phone #

CR2E034 (9/99)