

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 816407

1. Entity Name

MADISON INDUSTRIES OF GEORGIA, INC.

Principal Place of Business

1035 IRIS DRIVE
CONYERS GA 30207
US

Mailing Address

P.O. BOX 131
CONYERS GA 30207
US

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 58-0869622

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	FREY, JOHN S	
STREET ADDRESS	1900 E 64 ST	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	CRUNCLETON, BARBARA	
STREET ADDRESS	9919 POMERING RD	
CITY-ST-ZIP	DOWNEY CA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HANSEN, ROBERT E	
STREET ADDRESS	2000 LILIANO DR	
CITY-ST-ZIP	SIERRA MADRE CA 91024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: BARBARA A. CRUNCLETON, SECY-TREAS
Barbara A Cruncleton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-01

<323> 583-4061

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

FILED

Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90059 013 ***150.00