

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90316 001 ***793.75

DOCUMENT # J67073

1. Entity Name

MAVERICK MANAGEMENT, INC.

Principal Place of Business

10261 W. BROWARD BLVD.
 PLANTATION FL 33324
 US

Mailing Address

10261 W. BROWARD BLVD.
 PLANTATION FL 33324
 US

2. Principal Place of Business

1010 John's Pt Dr.
 Suite, Apt. #, etc.

3. Mailing Address

1010 John's Pt. Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Garden FL

City & State

Winter Garden FL

4. FEI Number

59-2804490

Applied For

Not Applicable

Zip

Country

34787 USA

Zip

Country

34787 USA

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

COSTELLO, JAMES J. JR
 10261 W. BROWARD BLVD.
 PLANTATION FL 33324

Name

JAMES J COSTELLO JR.

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

1010 JOHN'S PT. DR.

City

WINTER GARDEN FL

Zip Code

34787

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] CEO, JAMES J COSTELLO JR. 4/19/01

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 | COOK, KEVIN | |
| STREET ADDRESS | 13030 NW 5TH ST | |
| CITY-ST-ZIP | PLANTATION FL | |
| TITLE | CEO | <input type="checkbox"/> Delete |
| NAME | COSTELLO, JAMES J. JR. | |
| STREET ADDRESS | 700 NW 100TH TERRACE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33324 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MILLER, TEREL M. | |
| STREET ADDRESS | 900 GROVESMERE LOOP | |
| CITY-ST-ZIP | OCOEEE FL 34761 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | COSTELLO, JAMES J S | |
| STREET ADDRESS | 6801 NW 6TH CT | |
| CITY-ST-ZIP | PLANTATION FL | |
| 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 | | |
| CITY-ST-ZIP | | |
| TITLE | CEO/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES J COSTELLO JR. | |
| STREET ADDRESS | 1010 JOHN'S PT. DR. | |
| CITY-ST-ZIP | WINTER GARDEN, FL 34787 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES J. COSTELLO SR. | |
| STREET ADDRESS | PO Box 157 | |
| CITY-ST-ZIP | OAKLAND FL 34760 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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: *[Signature]* CEO, JAMES J COSTELLO JR. 4/19/01 407 656 8689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)