

FILED
Jun 17, 2003 8:00 am
Secretary of State

05-08-2003 90162 012 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/8

DOCUMENT # P02000095058

1. Entity Name
MAXWELL & HOLLISTER TAX AND ACCOUNTING, INC.



55048793

Principal Place of Business
410-43RD ST. W.
H
BRADENTON FL 34209

Mailing Address
410-43RD ST. W.
H
BRADENTON FL 34209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

22-3868105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLISTER, RALPH L
1416 EAST PARK DRIVE
CALLAWAY FL 32404

7. Name and Address of New Registered Agent

Name
DAVID J. HOLLISTER

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

410-43RD ST. W. SUITE H

City BRADENTON

FL

Zip Code 34209

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David J. Hollister

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HOLLISTER, DAVID J
STREET ADDRESS 54 WEST HARMON DRIVE
CITY-ST-ZIP MITCHELL SD 57301 ☐ Delete

TITLE S
NAME HOLLISTER, SHARON K
STREET ADDRESS 54 WEST HARMON DRIVE
CITY-ST-ZIP MITCHELL SD 57301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PR25
NAME HOLLISTER, DAVID J
STREET ADDRESS 410-43RD ST. W. STE H
CITY-ST-ZIP BRADENTON, FL 34209 ☒ Change ☐ Addition

TITLE S
NAME HOLLISTER, SHARON K
STREET ADDRESS 410-43RD ST. W. STE H
CITY-ST-ZIP BRADENTON, FL 34209 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

David J. Hollister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

941-747-8100

Daytime Phone

CP2E034 (10/02)