

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002928

1. Entity Name

DE MAXIMIS, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90090 039 \*\*\*150.00

Principal Place of Business	Mailing Address
301 GALLAHER VIEW ROAD SUITE 227 KNOXVILLE TN 37919	301 GALLAHER VIEW ROAD SUITE 227 KNOXVILLE TN 37919-5369

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	62-1342302	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEIMBUCH, JOSEPH A 4488 DEER TRAIL BLVD SARASOTA FL 34238	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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P UNDERWOOD, BENNIE L <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	301 GALLAHER VIEW ROAD, STE 227	NAME	Seibel, Geoffrey C
STREET ADDRESS	KNOXVILLE TN	STREET ADDRESS	1125 S Cedar Crest Blvd #202
CITY-ST-ZIP		CITY-ST-ZIP	Allentown, PA 18103 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S MILLER, MICHAEL A <input type="checkbox"/> Delete	TITLE	
NAME	301 GALLAHER VIEW ROAD, STE 227	NAME	
STREET ADDRESS	KNOXVILLE TN	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD DORSEY, R T <input type="checkbox"/> Delete	TITLE	
NAME	301 GALLAHER VIEW ROAD, STE 227	NAME	
STREET ADDRESS	KNOXVILLE TN	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D POTTER, WILLARD F <input type="checkbox"/> Delete	TITLE	
NAME	186 CENTER STREET, STE 290	NAME	
STREET ADDRESS	CLINTON NJ	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HEIMBUCH, JOSEPH A <input type="checkbox"/> Delete	TITLE	
NAME	4488 DEER TRAIL BLVD	NAME	
STREET ADDRESS	SARASOTA FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D TRAVERS, MARK A <input type="checkbox"/> Delete	TITLE	
NAME	103 NORTH 11TH AVENUE STE 210	NAME	
STREET ADDRESS	ST CHARLES IL	STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #