

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90052 016 \*\*\*150.00

0172932

**DOCUMENT # J45680**

1. Entity Name  
**A.H.C.N.C., INC.**

Principal Place of Business <b>STE 218          300 - 41ST ST          MIAMI BEACH FL 33140          US</b>	Mailing Address <b>STE 218          300 - 41ST ST          MIAMI BEACH FL 33140          US</b>
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>59-2765743</b>	Applied For
	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MERRITT, ROGER J.  
 SUITE 218 JEFFERSON PLAZA  
 300 41ST STREET  
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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)

**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		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MAXON, LEROY J. SR.</b>	
STREET ADDRESS	<b>2410 DUFF ROAD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33810</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>MAXON, THOMAS H.</b>	
STREET ADDRESS	<b>1615 N. 29 AVE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<del>MAXON, LEROY J. JR</del>	
STREET ADDRESS	<b>P.O. BOX 1405 N/A</b>	
CITY-ST-ZIP	<b>ANTHONY FL 32617</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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		
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: Leroy J. Maxon, Sr. **Leroy J. Maxon, Sr.** 3/9/01 (863) 859-0972  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)