

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 254605

1. Entity Name

MAYNARD BONDING AND INSURANCE AGENCY INC.

FILED  
Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90024 010 \*\*\*150.00

Principal Place of Business

9625 RIVERVIEW DR.  
MICCO FL 32976

Mailing Address

9625 RIVERVIEW DR.  
MICCO FL 32976

LU040241



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 59-0735510

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAYNARD, BOBBY LEE  
9625 RIVERVIEW DR.  
MICCO FL 32976

Name

BETTY E. MAYNARD

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

9625 RIVERVIEW DR.

City

MICCO

FL

Zip Code

32976-3112

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

Betty E. Maynard  
BETTY E. MAYNARD

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/01

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 P  
NAME MAYNARD, BOBBY LEE  
STREET ADDRESS 9625 RIVERVIEW DR.  
CITY-ST-ZIP MICCO FL 32976 ☒ Delete

TITLE VP  
NAME MAYNARD, BETTY  
STREET ADDRESS 9625 RIVERVIEW DR.  
CITY-ST-ZIP MICCO FL 32976 ☐ Delete

TITLE ST  
NAME FROST, JANNETTE  
STREET ADDRESS 1002 N. 58 AVE.  
CITY-ST-ZIP HOLLYWOOD FL 33021 ☒ 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 PRESIDENT  
NAME MAYNARD, BETTY E.  
STREET ADDRESS 9625 RIVERVIEW DR.  
CITY-ST-ZIP MICCO, FL 32976 ☒ Change ☐ Addition

TITLE VICE PRESIDENT  
NAME ROSEN, KIMBERLY M.  
STREET ADDRESS 1748 SW OAKWATER PT.  
CITY-ST-ZIP PALM CITY, FL 34990 ☒ 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

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:

Betty E. Maynard  
BETTY E. MAYNARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/25/01, 561/664-7773

Daytime Phone #

CR2E034 (10/00)