## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 18, 2000 8:00 am Secretary of State **DOCUMENT # 324935** 1. Entity Name MAXWELL GROVE SERVICE INC 04-18-2000 90184 032 \*\*\*150.00 Mailing Address Principal Place of Business 607 E. PLEASANT ST. 607 E. PLEASANT ST. AVON PARK FL 33825-2831 AVON PARK FL 33825 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1270404 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAXWELL, WILLIAM S Street Address (P.O. Box Number is Not Acceptable) 200 N. LOTELA AVENUE AVON PARK FL 33825 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Change Addition TITLE Delete MAXWELL, WILLIAM S NAME NAME STREET ADDRESS STREET ADDRESS 200 N. LOTELA AVENUE CITY-ST-ZIP \_\_ CITY-ST-ZIP AVON PARK FL ☐ Change ☐ Addition Delete TITLE TITLE MCHARQUE, MELISSA NAME 5620 E ARBUCKLE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIF **AVON PARK FL 33825** CITY-ST-ZIP ☐ Addition Delete □ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

MAXWELL 1-4-00 (863