

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 329906

1. Entity Name

MAXWELL GROVES INC

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90445 014 ***150.00

0532421

Principal Place of Business

249 MAXWELL DRIVE
WAUCHULA FL 33873

Mailing Address

249 MAXWELL DRIVE
WAUCHULA FL 33873

929787

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1084951

Applied For

Not Applicable

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

SMITH, MARY MAXWELL
249 MAXWELL DR.
WAUCHULA FL 33873

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

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ARMSTRONG, PEGGY
STREET ADDRESS 137 STERLING RD
CITY-ST-ZIP HENDERSONVILLE TN ☐ Delete

TITLE VD
NAME PERKINS, JOYCE
STREET ADDRESS 7735 DEERFIELD RD
CITY-ST-ZIP LIVERPOOL NY ☐ Delete

TITLE STD
NAME SMITH, MARY MAXWELL
STREET ADDRESS 249 MAXWELL DRIVE
CITY-ST-ZIP WAUCHULA FL 33873 ☐ Delete

TITLE V
NAME PERKINS, WILLIAM H
STREET ADDRESS 7735 DEERFIELD RD
CITY-ST-ZIP LIVERPOOL NY 13090 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS 8150 Brent St. Apt. 720
CITY-ST-ZIP Port Richey, FL 34668 ☒ 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

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:

Mary M. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2001

863 773 900

Daytime Phone #

CR2E034 (10/00)