

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 680875

1. Entity Name

CHET MAKSIMOWICZ, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90017 047 \*\*\*150.00

Principal Place of Business

Mailing Address

4941 56TH WAY NORTH  
C/O MARK S. MAKSIMOWICZ  
ST. PETERSBURG FL 33709

4941 56TH WAY N  
C/O MARK S. MAKSIMOWICZ  
ST. PETERSBURG FL 33709-3753  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2185894

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

MAKSIMOWICZ, ANTOINETTE  
4941 56TH WAY N  
ST. PETERSBURG FL 33709

Name **MAKSIMOWICZ, ANTOINETTE**  
Street Address (P.O. Box Number is Not Acceptable)  
**4941 56 WAY N.**  
City **ST. PETERSBURG, FL.** FL **33709**

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, 2000 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	VD	<input checked="" type="checkbox"/> Delete
NAME	<del>WHITMORE, DAVID</del>	
STREET ADDRESS	<del>5750 80TH STREET N</del>	
CITY-ST-ZIP	<del>ST. PETERSBURG FL</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHITMORE, DAVID	
STREET ADDRESS	1050 STARKEY RD	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MAKSIMOWICZ, MARK S	
STREET ADDRESS	4941 56TH WAY NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<del>MAKSIMOWICZ, JOSEPH</del>	
STREET ADDRESS	<del>4941 56TH WAY NORTH</del>	
CITY-ST-ZIP	<del>ST. PETERSBURG FL</del>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAKSIMOWICZ, CHESTER F	
STREET ADDRESS	4941 56TH WAY NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MAKSIMOWICZ, ANTOINETTE	
STREET ADDRESS	4941 56TH WAY N	
CITY-ST-ZIP	ST PETERSBURG FL 33709	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JARROD WHITMORE	
STREET ADDRESS	12101 ANCHOR WAY	
CITY-ST-ZIP	LARGO, FL. 33778	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANKE WHITMORE	
STREET ADDRESS	1050 STARKEY RD.	
CITY-ST-ZIP	LARGO, FL. 33771	
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:

*Chet Maksimowicz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-2000

Date Daytime Phone #

CR2E034 (9/99)