

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
 03-26-2001 90050 041 ***150.00

0360852

DOCUMENT # 680875

1. Entity Name
CHET MAKSIMOWICZ, INC.

Principal Place of Business

4941 56TH WAY NORTH
 C/O ~~MAKSIMOWICZ~~ MAKSIMOWICZ, **CHESTER**
 ST. PETERSBURG FL 33709

Mailing Address

4941 56TH WAY N
 C/O ~~MAKSIMOWICZ~~ MAKSIMOWICZ, **CHESTER**
 ST. PETERSBURG FL 33709
 US

818059



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4941 56 WAY No.

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

ST. PETERSBURG, FL.

City & State

SAME

4. FEI Number **59-2185894**

Applied For
 Not Applicable

Zip

33709

Country

FLORIDA

Zip

33709

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE **VD** ☒ Delete
 NAME **WHITMORE, JARROD**
 STREET ADDRESS **12101 ANCHOR WAY**
 CITY-ST-ZIP **LARGO FL 33778**

TITLE **VD** ☐ Delete
 NAME **WHITMORE, DAVID**
 STREET ADDRESS **1050 STARKEY RD**
 CITY-ST-ZIP **LARGO FL 33771**

TITLE **STD** ☐ Delete
 NAME **MAKSIMOWICZ, MARK S**
 STREET ADDRESS **4941 56TH WAY NORTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE **AS** ☐ Delete
 NAME **WHITMORE, JANE**
 STREET ADDRESS **1050 STARKEY RD**
 CITY-ST-ZIP **LARGO FL 33771**

TITLE **PD** ☐ Delete
 NAME **MAKSIMOWICZ, CHESTER**
 STREET ADDRESS **4941 56TH WAY NORTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE **AS** ☐ Delete
 NAME **MAKSIMOWICZ, ANTOINETTE**
 STREET ADDRESS **4941 56TH WAY N**
 CITY-ST-ZIP **ST PETERSBURG FL 33709**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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: **Chester Maksimowicz - CHESTER MAKSIMOWICZ**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-01 (727) 544-0472

CR2E034 (10/00)