

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0446917 AV

DOCUMENT # 680875

1. Entity Name
CHET MAKSIMOWICZ, INC.

04-01-2002 90674 017 ***150.00

Principal Place of Business
C/O CHESTER MAKSIMOWICZ
4941 56TH WAY NORTH
SAINT PETERSBURG FL 33709

Mailing Address
C/O CHESTER MAKSIMOWICZ
4941 56TH WAY NORTH
SAINT PETERSBURG FL 33709
US



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 **59-2185894**

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

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

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 _____ (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, 2002 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
 NAME **VD WHITMORE, DAVID** ☐ Delete
 STREET ADDRESS **1050 STARKEY RD**
 CITY-ST-ZIP **LARGO FL 33771**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **STD MAKSIMOWICZ, MARK S** ☐ Delete
 STREET ADDRESS **5445 48 AVE N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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**

3-21-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)