

FOR PROPIETARY CORPORATION FORM BUSINESS REPORT (UBR)

DOCUMENT # 680875

1. Entity Name

CHET MAKSIMOWICZ INC.



FILED

03 MAY 12 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4941-56 WAY NO.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

ST. PETERSBURG, FL.

City & State

ST. PETERSBURG, FL.

Zip

33709

Country

FL

Zip

33709

Country

FL

4. FEI Number

59-2185894

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANTOINETTE MAKSIMOWICZ

Street Address (P.O. Box Number is Not Acceptable)

4941-56 WAY NO.

City

ST. PETERSBURG, FL.

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

Antoinette Maksimowicz

SIGNATURE

Antoinette Maksimowicz Secretary

5-9-03

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES.
NAME	CHET MAKSIMOWICZ
STREET ADDRESS	4941-56 WAY N ST. PETE FL.
CITY-ST-ZIP	33709
TITLE	V. PRES
NAME	MARK MAKSIMOWICZ
STREET ADDRESS	335 47 AVE N.
CITY-ST-ZIP	ST. PETE, FL. 33703
TITLE	V. PRES
NAME	JOSEPH MAKSIMOWICZ
STREET ADDRESS	18035 5 ST. E.
CITY-ST-ZIP	REDINGTON SHORES FL 33708
TITLE	SEC.
NAME	ANTOINETTE MAKSIMOWICZ
STREET ADDRESS	4941-56 WAY N.
CITY-ST-ZIP	ST. PETE FL 33705

TITLE	700017911627
NAME	05/02/03--01100--025 **150.00
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03

Date

(727) 544-0472

Daytime Phone *

CR2E034B (12/02)