## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## F01000002706 **DOCUMENT #**

1. Entity Name

THE MAIDSTONE CORPORATION (TX)



## **FILED** Jan 07, 2003 8:00 am Secretary of State 01-07-2003 90012 012 \*\*\*150.00

Principal Place of Business				Mailing Address								
2404 CROWN KNOLL				5335 SPRING VALLEY ROAD								
PLANO TX 75093			DALLA	DALLAS TX 75254				4 (884(88 )(4) 884B) (4B) BB() 88()		n 11011 18811 CO	II.	
2. Principal P	lace of Busine	988	3. Mai	3. Mailing Address					I <b>Bu</b> uh Bank Ban	<b>4</b> 1101) 100) 10	HAD BUIL ABOU	
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4.	75-2927997		_ <del>                                      </del>	plied For t Applicable	
Zip	Country			Zip Countr			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current I				Registered Agent			7.	7. Name and Address of New Registered Agent				
		فنهجه للبرده بنياسي بالعبد للبات			·	∹Name ~- ~						
C T CORP	ORATION S	YSTEM		Street Address			ess (P.O.	(P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD									, 			
PLANTATION, FL 33324											İ	
	-				City		• 101 - • •	FL	Zip Code	9		
9 The above	named entity	submits this statement	for the num	ose of changing its	registere	I ad office or rec	istered a	agent, or both, in the State of Flo	rida. I am fa	miliar with,	and accept	
	tions of registe				9		,					
SIGNATURE .	Cinceture typed o	or printed name of registered age	nt and title if and	dicable (NOTE	- Registere	d Agent signature re	equired when	n reinstating)	DATE			
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		FEE IS \$150.00						9. Election Campaign Fin			O May Be	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								Trust Fund Contribution	n. 🗆	Added	to Fees	
	- ayable to	OFFICERS AN		iB6	11.		Δ	LADDITIONS/CHANGES TO OFF	CERS AND	DIRECTORS	5 IN 11	
10. TITLE	PD	OFFICENS AIN	DINECTO	☐ Delete	TITLE			ADDITIONATION INTRACES TO CITY		☐ Change	Addition	
NAME	. –	imothy J Jr.		LJ Deiete	NAM	1				<u> </u>	_ \	
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12   horoby	Contifu that the	information dumplication	ith this files	dose not qualify for			in Section	n 119 07(3)(i). Florida Statutes.	I further certi	fy that the in	oformation	

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 receive of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appears, with all other like empowered.

SIGNATURE:

Date

Daytime Phone #