

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004464

1. Entity Name

MAXX HOUSING, INC.

**FILED**  
**Jun 01, 2000 8:00 am**  
**Secretary of State**

06-01-2000 90276 040 \*\*\*150.00

Principal Place of Business Mailing Address  
699 WALNUT STREET 699 WALNUT STREET  
SUITE 1700 SUITE 1700  
DES MOINES IA 50309-3945 DES MOINES IA 50309-3945

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 42-1460826

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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, 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 D ☐ Delete  
NAME GODLASKY, THOMAS  
STREET ADDRESS 1516 S 42ND STREET  
CITY-ST-ZIP WEST DES MOINES IA 50265

TITLE UP - Secretary ☐ Change ☒ Addition  
NAME matt honey  
STREET ADDRESS 699 Walnut Street, Suite 1700  
CITY-ST-ZIP Des Moines, Iowa 50309

TITLE P ☐ Delete  
NAME HARRIS, GENE C  
STREET ADDRESS 225 S 27TH STREET  
CITY-ST-ZIP WEST DES MOINES IA 50265

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

TITLE T ☐ Delete  
NAME TRIPLETT, LISA A.  
STREET ADDRESS 6175 COLT DRIVE  
CITY-ST-ZIP WEST DES MOINES IA 50265

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

TITLE S ☒ Delete  
NAME DAVIDSON, DIANE M  
STREET ADDRESS 913 48TH STREET  
CITY-ST-ZIP WEST DES MOINES IA 50265

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/00 515-362-3610