

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2000 8:00 am
Secretary of State**

02-08-2000 90130 017 ***150.00

DOCUMENT # F96000001880

1. Entity Name

MAXIMAL SYSTEMS, INC.

Principal Place of Business

Mailing Address

15950 BAY VISTA DR
SUITE 140
CLEARWATER FL 33760
US15950 BAY VISTA DR
SUITE 140
CLEARWATER FL 33760-3134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **39-1748959**

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

FLORIN, BRADLEY J
15950 BAY VISTA DR
SUITE 140
CLEARWATER FL 33760

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 State10. 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	P	<input type="checkbox"/> Delete
NAME	FLORIN, BRADLEY J	
STREET ADDRESS	13672 OAK RUN CT	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FLORIN, RODNEY D	
STREET ADDRESS	4017 LEXINGTON COURT	
CITY-ST-ZIP	LARGO FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCKEON, ROBERT W	
STREET ADDRESS	4 EAGLE LN	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICH, JOSEPH R	
STREET ADDRESS	2 MOUNT ROYAL AVE - STE 300	
CITY-ST-ZIP	MARLBOROUGH MA 01752	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	15950 Bay Vista Drive - Suite 140
CITY-ST-ZIP	Clearwater, FL 33760
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 REQUIRED** Bradley J. Florin

1-27-2000

727-539-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #