

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001880

1. Entity Name  
MAXIMAL SYSTEMS, INC.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90065 001 \*\*\*150.00

Principal Place of Business  
15950 BAY VISTA DR  
SUITE 140  
CLEARWATER FL 33760  
US

Mailing Address  
15950 BAY VISTA DR  
SUITE 140  
CLEARWATER FL 33760  
US

2. Principal Place of Business  
2240 Belleair Road

3. Mailing Address  
2240 Belleair Road

Suite, Apt. #, etc.  
Suite 155

Suite, Apt. #, etc.  
Suite 155

City & State  
Clearwater, FL

City & State  
Clearwater, FL

Zip  
33764

Country  
US

Zip  
33764

Country  
US



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)  
2240 Belleair Road

Suite 155

City  
Clearwater

FL

Zip Code  
33764

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, 2001 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 P  
NAME FLORIN, BRADLEY J ☐ Delete  
STREET ADDRESS 15950 BAY VISTA DR  
CITY-ST-ZIP CLEARWATER FL 33760

TITLE Chairman ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2240 Belleair Road Suite 155  
CITY-ST-ZIP Clearwater, FL 33764

TITLE V  
NAME FLORIN, RODNEY D ☒ Delete  
STREET ADDRESS 4017 LEXINGTON COURT  
CITY-ST-ZIP LARGO FL

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

TITLE V  
NAME MCKEON, ROBERT W ☒ Delete  
STREET ADDRESS 4 EAGLE LN  
CITY-ST-ZIP PALM HARBOR FL

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

TITLE D  
NAME RICH, JOSEPH R ☒ Delete  
STREET ADDRESS 2 MOUNT ROYAL AVE - STE 300  
CITY-ST-ZIP MARLBOROUGH MA 01752

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE President  
NAME Douglas L. Shiver ☐ Change ☒ Addition  
STREET ADDRESS 2240 Belleair Road Suite 155  
CITY-ST-ZIP Clearwater, FL 33764

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: Douglas L. Shiver  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 3, 2001 727-539-7500

Date

Daytime Phone #

CR2E034 (10/00)