

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003897

1. Entity Name

MAXIM GROUP, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90045 009 ***150.00

Principal Place of Business

Mailing Address

% RANDALL D. SONES, ESQUIRE
921 ELKRIDGE LANDING ROAD, SUITE 120
LINTHICUM MD 21090

% RANDALL D. SONES, ESQUIRE
921 ELKRIDGE LANDING ROAD, SUITE 120
LINTHICUM MD 21090-2918

2. Principal Place of Business

6990 Columbia Gateway Drive
Suite, Apt. #, etc.

3. Mailing Address

7301 Parkway Drive
Suite, Apt. #, etc.

City & State

Columbia MD

City & State

Hanover MD

4. FEI Number

52-2142569

Applied For

Not Applicable

Zip

Country

21046

USA

Zip

Country

21076

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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)

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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

TITLE	P	<input type="checkbox"/> Delete
NAME	CUCINA, RICHARD V.	
STREET ADDRESS	921 ELKRIDGE LANDING RD, #120	
CITY-ST-ZIP	LINTHICUM MD 21090	
TITLE	S	<input type="checkbox"/> Delete
NAME	SONES, RANDALL D	
STREET ADDRESS	7301 PARKWAY DRIVE	
CITY-ST-ZIP	HANOVER MD 21076	
TITLE	T	<input type="checkbox"/> Delete
NAME	STANDEVEN, DAVID J	
STREET ADDRESS	7301 PARKWAY DRIVE	
CITY-ST-ZIP	HANOVER MD 21076	
TITLE	S	<input type="checkbox"/> Delete
NAME	KERR, THOMAS M	
STREET ADDRESS	7301 PARKWAY DRIVE	
CITY-ST-ZIP	HANOVER MD 21076	
TITLE	CD	<input type="checkbox"/> Delete
NAME	CAREY, JOHN T	
STREET ADDRESS	7301 PARKWAY DRIVE	
CITY-ST-ZIP	HANOVER MD 21076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6990 Columbia Gateway Drive	
CITY-ST-ZIP	Columbia MD 21046	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Randall D. Sones, Secretary

Date

(410) 579-3500

Daytime Phone #

CR2E034 (9/99)