

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000005490**

1. Entity Name

MAVERICK CONSTRUCTION MANAGEMTN SERVICES, INC.**FILED****Mar 15, 2000 8:00 am**
Secretary of State

03-15-2000 90094 048 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 60700
KING OF PRUSSIA PA 19406P.O. BOX 60700
KING OF PRUSSIA PA 19406-0700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-2933031**

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****NRAI SERVICES INC.**
526 E. PARK AVE.
TALLAHASSEE FL 32301

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VST	JONESS, TIMOTHY M	901 PARKVIEW DR. #A-412	KING OF PRUSSIA PA 19406	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	FIORÉ, JOHN A	197M BOSTON POST ROAD WEST	MARLBORO MA 01752	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:*Tim Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Vice President**

3-10-00

Date

610 783 6202

Daytime Phone #

CR2E034 (9/99)