

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90077 046 ***150.00

DOCUMENT # G11307
 1. Entity Name
ALICE MAYNARD, INC.

Principal Place of Business Mailing Address
~~3246 N. U.S. 1~~ ~~3246 N. U.S. 1~~
~~VERO BEACH FL 32960~~ ~~VERO BEACH FL 32950-8860~~

2. Principal Place of Business 3. Mailing Address
1223 ORANGE AVG. **1223 ORANGE AVENUE**
 Suite, Apt. #, etc. ~~PORT PIERCE FL 34950~~
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FORT PIERCE, FL **FORT PIERCE, FL**
 Zip Country Zip Country
34950 **ST. LUCIE** **34950** **ST. LUCIE**

4. FEI Number Applied For
59-2240384 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MAYNARD, ALICE
167 N.W. AILEEN ST.
PORT ST. LUCIE FL 33452

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 _____ (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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P	NAME	
STREET ADDRESS	MAYNARD, ALICE	STREET ADDRESS	
CITY-ST-ZIP	167 N.W. AILEEN ST.	CITY-ST-ZIP	
	PORT ST. LUCIE FL		
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V	NAME	
STREET ADDRESS	MAYNARD, KIMBERLY G	STREET ADDRESS	481 N.W. RIVERSIDE DRIVE
CITY-ST-ZIP	8805 CITRUS PARK BLVD.	CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
	FT. PIERCE FL		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Alice H. Maynard* **Alice H. Maynard** **Phes** **7-200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)