

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G11307

1. Entity Name

ALICE MAYNARD, INC.

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

03-06-2000 90077 046 ***150.00

Principal Place of Business

Mailing Address

~~3040 N. U.S. 1~~
~~VERO BEACH FL 32960~~

~~3246 N. U.S. 1~~
~~VERO BEACH FL 34950-0060~~

2. Principal Place of Business

1223-ORANGE AVG.

Suite, Apt. #, etc.

3. Mailing Address

1223 ORANGE AVENUE
PORT PIERCE FL 34950

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FORT PIERCE, FL

City & State

FORT PIERCE, FL

4. FEI Number

59-2240384

Applied For

Not Applicable

Zip

34950

Country

ST. LUCIE

Zip

34950

Country

ST. LUCIE

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

MAYNARD, ALICE
167 N.W. AILEEN ST.
PORT ST. LUCIE FL 33452

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 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 ☐ Delete
NAME P
STREET ADDRESS MAYNARD, ALICE
CITY-ST-ZIP 167 N.W. AILEEN ST.
PORT ST. LUCIE FL

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

TITLE ☐ Delete
NAME V
STREET ADDRESS MAYNARD, KIMBERLY G
CITY-ST-ZIP 8805 CITRUS PARK BLVD.
FT. PIERCE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 481 N.W. RIVERSIDE DRIVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34983

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Alice H. Maynard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)