

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G76765

1. Entity Name

RICHARD MAXWELL, INC.

Principal Place of Business

11066 54TH STREET NORTH
WEST PALM BEACH FL 33411

Mailing Address

P.O. BOX 210847
ROYAL PALM BEACH FL 33421-0847
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MAXWELL, RICHARD
1128 ROYAL PALM BEACH BLVD
#135
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11066 54th St North

City

West Palm Beach

FL

Zip Code

33411

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

TITLE	PD	☐ Delete
NAME	MAXWELL, RICHARD	
STREET ADDRESS	1128 ROYAL PALM BEACH BLVD, #135	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	STD	☐ Delete
NAME	MAXWELL, MIRIAM A.	
STREET ADDRESS	1128 ROYAL PALM BEACH BLVD, #135	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90001 020 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2380535

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**