

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90057 024 ***150.00

DOCUMENT # H33391

1. Entity Name

JANIE RACHEAL MOORE-MAXWELL INVESTMENT CORPORATI

Principal Place of Business

Mailing Address

2035 W. CENTRAL BLVD.
ORLANDO FL 32805
US

2035 W. CENTRAL BLVD.
ORLANDO FL 32805-2128
US

2. Principal Place of Business

SAME as above

3. Mailing Address

SAME as above

Suite, Apt. #, etc.

2035 W. Central Blvd.

City & State

Orlando FL

Zip

32805

Country

Orange

4. FEI Number

59-2483139

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

**MAXWELL, FRED L.
2035 W. CENTRAL BLVD
ORLANDO FL 32805**

Name

SAME - Fred L. Maxwell

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

Orlando FL

City

FL

Zip Code

32805

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 *REMAIN SAME as above*

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 **P** ☒ Delete
NAME **MAXWELL, FRED L.**
STREET ADDRESS **2035 W. CENTRAL BLVD**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ Change ☒ Addition
NAME *Fred L. Maxwell*
STREET ADDRESS *1610 N. Powers Dr.*
CITY-ST-ZIP *Orlando, FL 32818*

TITLE **S** ☐ Delete
NAME **LEE, MAGGIE A.**
STREET ADDRESS **1610 N POWERS DR**
CITY-ST-ZIP **ORLANDO FL 32818-5958**

TITLE ☐ Change ☐ Addition
NAME *Maggie A. Lee*
STREET ADDRESS *1610 N. Powers Dr.*
CITY-ST-ZIP *Orlando, FL 32818*

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: *FRED L. MAXWELL*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(566) (9/9)