

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90188 004 ***150.00

DOCUMENT # H33391

1. Entity Name

JANIE RACHEAL MOORE-MAXWELL INVESTMENT CORPORATI

Principal Place of Business

**2035 W. CENTRAL BLVD.
 ORLANDO FL 32805
 US**

Mailing Address

**2035 W. CENTRAL BLVD.
 ORLANDO FL 32805
 US**

2. Principal Place of Business

The same
 Suite, Apt. #, etc.

3. Mailing Address

*2035 W. Central
 Suite, Apt. #, etc.
 Orlando,*

City & State

Orlando FL

4. FEI Number **59-2483139**

Applied For
 Not Applicable

Zip

Country

32805

ORANGE

Zip

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *The same. No Change*
 Street Address (P.O. Box Number is Not Acceptable)
Fred L. Maxwell - 2035 W.
 City *Central Blvd, Orlando* 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 *No Change - FRED L. MAXWELL* DATE *1/29/2001*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 **P** ☐ Delete
 NAME **MAXWELL, FRED L.**
 STREET ADDRESS **2035 W. CENTRAL BLVD**
 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 *FRED L. MAXWELL*
 STREET ADDRESS *2035 W. Central Blvd*
 CITY-ST-ZIP *Orlando FL 32818*

TITLE ☐ Change ☐ Addition
 NAME *Maggie M. Lee*
 STREET ADDRESS *1610 N Powers Dr.*
 CITY-ST-ZIP *Orlando, FL 32818-5958*

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: *Fred L. Maxwell, President* DATE *1/29/2001*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)