

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90208 036 ***150.00

DOCUMENT # H33391

1. Entity Name

JANIE RACHEAL MOORE-MAXWELL INVESTMENT CORPORATION

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

2035 W. Central Blvd

3. Mailing Address

2035 W. Central Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32805

Country

ORANGE

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

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

7. Name and Address of New Registered Agent

Name **No CHANGES**
 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, 2002 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 **P.** ☐ Change ☐ Addition
 NAME **MAXWELL, Fred L.**
 STREET ADDRESS **2035 W. Central Blvd**
 CITY-ST-ZIP **Orlando Florida 32805**

TITLE **S** ☐ Change ☐ Addition
 NAME **Lee Maggie A**
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

1/02/2002 407-4257778

CR2E034 (9/01)