

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90201 015 ***150.00

DOCUMENT # H33391

1. Entity Name
JANIE RACHEAL MOORE-MAXWELL INVESTMENT CORPORATION
ON



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 West Central Blvd.

3. Mailing Address

2035 W. Central Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-2483139

Applied For

Not Applicable

Zip

32805

Country

Orange

Zip

32805

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

2035 W. Central Blvd

City
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Fred L. Maxwell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/2003

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MAXWELL, FRED L.	
STREET ADDRESS	2035 W. CENTRAL BLVD	
CITY - ST - ZIP	ORLANDO FL 32805	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEE, MAGGIE A.	
STREET ADDRESS	1610 N POWERS DR	
CITY - ST - ZIP	ORLANDO FL 32818-5958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	No Changes
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	No Changes
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *FRED L. MAXWELL* *Fred L. Maxwell* **4/16/2003** **407-425-2128**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)