

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J88748

1. Entity Name
MAIDENBERG & ASSOCIATES, INC.

Maidenberg & Associates, Inc
1101-Belcher Road South, Suite F
Largo, Florida 33771
(727) 531-7189
Fax (727) 531-7152

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90004 003 ***150.00

Principal Place of Business
% LEE F. MAIDENBERG
10810 72ND ST. N. STE. 208
LARGO FL 33777
US

Mailing Address
% LEE F. MAIDENBERG
10810 72ND ST. N. STE. 208
LARGO FL 33777
US

2. Principal Place of Business
1101 BELCHER ROAD SOUTH
Suite, Apt. #, etc.
SUITE F

3. Mailing Address
1101 BELCHER ROAD SOUTH
Suite, Apt. #, etc.
SUITE F

City & State
LARGO, FLORIDA
Zip
33771 Country
USA

City & State
LARGO, FLORIDA
Zip
33771 Country
USA

4. FEI Number **59-2921251**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MAIDENBERG, LEE F.
2457 LAKE POINT LANE
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PT MAIDENBERG, LEE F. 2457 LAKE POINT LANE CLEARWATER FL 33762	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LILLY, RONALD 751 RENEGADE LN PORT ORANGE FL 32019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAIDENBERG, LEE F. 2457 LAKE POINT LN CLEARWATER FL 33762	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1/9/01

727-531-7189

Daytime Phone #

CR2E034 (10/00)