

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 23, 2001 8:00 am**
Secretary of State

03-23-2001 90001 026 ***150.00

DOCUMENT # K58620

1. Entity Name

JAY MAXSON CORPORATION

Principal Place of Business

**1291 N.W. 65TH PLACE
FT. LAUDERDALE FL 33309**

Mailing Address

**1291 N.W. 65TH PLACE
FT. LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0092780**

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

**WENKSTERN, GRANT E., ESQ.
2190 S.E. 17TH ST.
SUITE 225
FT. LAUDERDALE FL 33316**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

☒ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MAXSON, JAY C.	
STREET ADDRESS	3431 SANDS HARBOR TRACE	
CITY-STATE-ZIP	POMPANO BEACH FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	MAXSON, JACQUELYN	
STREET ADDRESS	3431 SANDS HARBOR TRACE	
CITY-STATE-ZIP	POMPANO BEACH FL	

TITLE	COB	<input checked="" type="checkbox"/> Delete
NAME	RAICHLE, ERWIN	
STREET ADDRESS	1225 COTTMAN AVE	
CITY-STATE-ZIP	PHILADELPHIA PA 19111	

TITLE	D	<input type="checkbox"/> Delete
NAME	RAICHLE, MARY R	
STREET ADDRESS	1225 COTTMAN AVE	
CITY-STATE-ZIP	PHILADELPHIA PA 19111	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP		

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

Date

Daytime Phone #

3-21-01 954-973-9779

CR2E034 (10/00)