

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90049 015 ***150.00

DOCUMENT # K94524

1. Entity Name

MAXINE MASTERFIELD, INC.

Principal Place of Business

~~3968 LAKESIDE ROAD~~ **3968 LAKESIDE RD**
C/O MAXINE SMITH
SARASOTA FL 34233
OLD ADDRESS

Mailing Address

~~3968 LAKESIDE ROAD~~ **3968 LAKESIDE RD**
C/O MAXINE SMITH
SARASOTA FL 34233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5075 Robinsong Road
 Suite, Apt. #, etc.
C/O Maxine Smith

City & State
Sarasota, FL

Zip Country
34233

3. Mailing Address

5075 Robinsong Road
 Suite, Apt. #, etc.
C/O Maxine Smith

City & State
Sarasota, FL

Zip Country
34233

4. FEI Number **65-0128149**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, MAXINE
~~3968 LAKESIDE ROAD~~ **5075 ROBINSON RD**
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name **Smith, Maxine**
 Street Address (P.O. Box Number is Not Acceptable)
5075 Robinsong Road
 City **Sarasota** **FL** Zip Code **34233**

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 *Maxine Smith* **PRESIDENT** **JAN 12, 2002**
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 **PD** ☐ Delete
 NAME **SMITH, MAXINE**
 STREET ADDRESS **3968 LAKESIDE RD.**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **Smith, Maxine**
 STREET ADDRESS **5075 Robinsong Road**
 CITY-ST-ZIP **Sarasota, FL 34233**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: *Maxine Smith* **MAXINE SMITH, PRESIDENT** **JAN 8, 2002** **941-362-9474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)