

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90032 007 \*\*\*\*55.00

DOCUMENT # L01000020636

1. Entity Name

MAVERICK RESOURCES, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

301 EAST PINE ST

Suite, Apt. #, etc.

SUITE 150

City & State

ORLANDO, FL

Zip

32801

Country

US

3. Mailing Address

P.O. BOX 1307

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

Zip

34786

Country

U.S.

4. FEI Number

# 59-3757684

Applied For

Not Applicable

5. Certificate of Status Desired

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\$5.00 Additional  
Fee Required

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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RONALD W. PEARL

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

525 BUTLER ST

City

WINDERMERE

FL

Zip Code

34786

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

N/A

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT ——— MGRM  
RONALD W. PEARL  
525 BUTLER ST  
WINDERMERE, FL 34786

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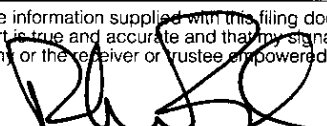
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



RONALD W. PEARL

JAN 26

407-210-6995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)