

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90296 031 \*\*\*150.00

DOCUMENT # L85352

1. Entity Name

MAYNARD AGENCY INC

Principal Place of Business

91-A E. MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952  
US

Mailing Address

91-A E. MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952  
US

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 59-3024158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAYNARD, JANICE L.  
91-A E. MERIT ISLAND CAUSEWAY  
MERRITT ISLAND, LF FL 32952

7. Name and Address of New Registered Agent

Name Gary R Thompson

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

91A E. Merritt Island Causeway

City Merritt Island

FL

Zip Code 32952

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 Gary R Thompson, President Gary R Thompson

(NOTE: Registered Agent signature required when reinstalling)

DATE

1-25-01

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 P  
NAME MAYNARD, JANICE L.  
STREET ADDRESS 1515 S. TROPICAL TRAIL  
CITY-ST-ZIP MERRITT ISLAND FL ☒ Delete

TITLE DST  
NAME MAYNARD, JANICE L.  
STREET ADDRESS 1515 S. TROPICAL TRAIL  
CITY-ST-ZIP MERRITT ISLAND FL ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME Gary R Thompson  
STREET ADDRESS 2805 N. Hwy A1A apt 604  
CITY-ST-ZIP Indianalantic Florida 32903 ☐ Change ☒ Addition

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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: Gary R Thompson - Gary R Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-01 321-4528328

CR2E034 (10/00)