

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90004 047 \*\*\*\*50.00

**DOCUMENT # M01000001873**

1. Entity Name

**AMAXIMIS COMPANY, L.L.C.**



Principal Place of Business

**3584 SOUTH HILLS AVENUE  
FORT WORTH TX 76109-3600**

Mailing Address

**3584 SOUTH HILLS AVENUE  
FORT WORTH TX 76109-3600**

2. Principal Place of Business

**3584 South Hills Ave**

3. Mailing Address

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ft. Worth TX**

City & State

Zip

Country

**76109 U.S.**

Zip

Country

4. FEI Number **75-2728176**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required ☒

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
POYTHRESS, JAMES HENRI  
3584 SOUTH HILLS AVE  
FORT WORTH TX 76109-3600** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MOSES, MICHELE  
3584 SOUTH HILLS AVE  
FORT WORTH TX 76109-3600** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BUCKLEY, DONNA L  
3584 SOUTH HILLS AVE  
FORT WORTH TX 76109-3600** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

**Donna L Buckley**

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

**3-3-03 817-252-302**

Date

Daytime Phone #

CR2E083 (10/02)