

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90134 008 ***150.00

0594880 AT

DOCUMENT # M74123

1. Entity Name
MAXIMA MARKETING, INC.

Principal Place of Business Mailing Address
~~9104 SW 60TH AVE~~ **1650 NW 22 Circle** ~~9104 SW 60TH AVE~~ **1650 NW 22 Circle**
~~HAMPTON FL 32044~~ **Gainesville, FL** ~~HAMPTON FL 32044~~ **Gainesville, FL**
~~US~~ **US** ~~US~~ **US**
32605 **32605**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1650 NW 22 Circle **1650 NW 22 Circle**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Gainesville, FL **Gainesville, FL**
 Zip Country Zip Country
32605 **US** **32605** **US**

4. FEI Number **59-2889371** 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
DANIEL THOMAS A. Name
623 NORTH MAIN STREET Street Address (P.O. Box Number is Not Acceptable)
GAINESVILLE FL 32601 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEWIS, LEONARD			NAME			
STREET ADDRESS	9494 SW 69 AVE			STREET ADDRESS			
CITY-ST-ZIP	HAMPTON FL 32044			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEWIS, VEDA			NAME			
STREET ADDRESS	9494 SW 69 AVE			STREET ADDRESS			
CITY-ST-ZIP	HAMPTON FL 32044			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Nolan Lewis as Vice President 3/18/02 352-692-3925
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)