

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005369

1. Entity Name

MAHER UNITED SERVICES INC.

Principal Place of Business

P O BOX 15292  
PLANTATION FL 33318-5292

Mailing Address

P O BOX 15292  
PLANTATION FL 33318-5292

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 65-0708765

Applied  
Not App

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

VOLEL, MARYLINE  
19876 DINNER KEY DR  
BOCA RATON FL 33488

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.

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME VOLEL, MARYLINE  
STREET ADDRESS 19876 DINNER KEY DR  
CITY-ST-ZIP BOCA RATON FL 33418 ☐ Delete

TITLE VD  
NAME MANIGAT, MARIE  
STREET ADDRESS 8861 NW 3RD CT #4  
CITY-ST-ZIP PLANTATION FL 33418 ☐ Delete

TITLE SD  
NAME HALL, MARCIA  
STREET ADDRESS 6007 RED PLUM CT  
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

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

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

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11.

FILED  
May 02, 2003 8:00 am  
Secretary of State

05-02-2003 90085 021 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE