2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N37991

1. Entity Name



FILED May 05, 2003 8:00 am § Secretary of State

05-05-2003 90313 023 ****61.25

MAXIMO ELEMENTARY PTA, INC.										
% MAXIMO ELEMENTARY SCHOOL % M/ 4850 31ST ST S 4850		Mailing Address * MAXIMO ELEMENTARY SC 4850 31 ST ST S ST. PETERSBURG FL 33712	CHOOL		1 20011101 112 211	I HARIA HAKKA KUNUL INDI BURGI D	#D) 410 011 014	RAK BIRNA 1881		
2. Principal Place of Business 3. I		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 59-1977737		— - - 	pplied For ot Applicable	
Zip Country		Zip Country			5. Certificate of Status Desired Fe			8.75 Additional ee Required		
	6. Name an	d Address of Current I	Registered Agent	Nome		7. Name and Addr	ess of New Registered	Agent -		
LHDEC DADDADA				Name						
HIRES, BARBARA 4850 31ST STREET SOUTH ST. PETERSBURG FL 33712				Street A	ddress (F	P.O. Box Number is N	ot Acceptable)			
SI. FEIE	enopuna FL s			City			F	L Zip Cod	le	
	e named entity su tions of registere		the purpose of changing its re	egistered office o	r registere	ed agent, or both, in the	ne State of Florida. I an	n familiar with,	and accept	
SIGNATURE .	Signature, typed or p	rinted name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signat	ure required v	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 Florida Department of State			
 	FILE NOW: F	FEE IS \$61.25				\$5.00 May Be Added to Fees				
10.		OFFICERS AND DIR	Trust Fund Co		A	Added to Fees		DIRECTORS IN	State	
10. THLE NAME STPEET ADDRESS	PD MILLER, SHA 4850 31ST S	OFFICERS AND DIR	Trust Fund Co	11. TITLE NAME STREET ADDRESS	PD LISA 485	Added to Fees DDITIONS/CHANGE Skinner 0 31 55 550	Florida Depa S TO OFFICERS AND C	DIRECTORS IN	State	
10. TITLE NAME STPEET ADDRESS CITY-ST-ZIP	PD MILLER, SHA 4850 31ST S SAINT PETER	OFFICERS AND DIR	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LISA 485.	Added to Fees DDITIONS/CHANGE Skinner O 31 & Str Petersburg	Florida Depa	DIRECTORS IN	State 1 10 Addition	
10. THLE NAME STPEET ADDRESS CITY-ST-ZIP TITLE	PD MILLER, SHA 4850 31ST S SAINT PETER VPD	OFFICERS AND DIR INNON TREET S. ISBURG FL 33712	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD LISA 485 STA	Added to Fees DDITIONS/CHANGE Skinner O 31 & Str Petersburg	Florida Depa S TO OFFICERS AND C	DIRECTORS IN	State	
10. TITLE NAME STPEET ADDRESS CITY-ST-ZIP	PD MILLER, SHA 4850 31ST S SAINT PETER	OFFICERS AND DIR NNON TREET S. RSBURG FL 33712	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LISA 485, ST.1 VPU	Added to Fees DDITIONS/CHANGE Skinner O 31 & Str Petersburg N ELHOTT	Florida Depa S TO OFFICERS AND E cet South FL. 33712	DIRECTORS IN	State 1 10 Addition	
10. VITLE NAME STPEET ADDRESS CITY-ST-ZIP TITLE NAME	PD MILLER, SHA 4850 31ST S SAINT PETER VPD INGRAM, JUI 4850 31ST S	OFFICERS AND DIR NNON TREET S. RSBURG FL 33712	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD LISA 485 ST.1 VPU GWE 485	Added to Fees DDITIONS/CHANGE Skinner O 31 st Str Petersburg N ELHOTT O 31st Str	Florida Depa STO OFFICERS AND E cet South FL. 33712 ect South	DIRECTORS IN	State 1 10 Addition	
TITLE NAME STPEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MILLER, SHA 4850 31ST S SAINT PETER VPD INGRAM, JUI 4850 31ST S SAINT PETER TD SKINNER, LIS	OFFICERS AND DIR NNON TREET S. RSBURG FL 33712 LA TREET S. RSBURG FL 33712	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	PD LISA 485 ST.1 VPU 6WE 485 ST.1	Added to Fees DDITIONS/CHANGE Skinner O 31 st Str Petersburg N ELLIOTT O 31 st Str Petersburg,	Florida Depa STO OFFICERS AND E cet South FL. 33712 ect South FL. 33712	DIRECTORS IN Change	State 1 10 Addition	
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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 suppliemental 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa Skinner