

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

1. Entity Name  
MAVERICK ENTERPRISES, INC.



Mailing Address  
PO BOX 10843  
POMPANO BEACH, FL 33061 US

01112006 No Chg-P CR2E034 (11/05)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

PERRY, GEORGE  
440 SE 15TH AVENUE  
POMPANO BEACH, FL 33060

**DO NOT WRITE  
IN THIS SPACE**

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

TITLE	D
NAME	PERRY, GEORGE
STREET ADDRESS	440 SE 15TH AVENUE
CITY - ST - ZIP	POMPANO BEACH, FL 33060

TITLE	PS
NAME	PERRY, GEORGE
STREET ADDRESS	440 SE 15TH AVENUE
CITY, ST, ZIP	POMPAHO BEACH, FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY- ST- ZIP

01/20/08-80009-005 190.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Bayesian Prognosis

1-11406 ~~954~~ 4451783