

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2002 8:00 am  
Secretary of State

02-26-2002 90154 022 \*\*\*150.00

**DOCUMENT # P00000008422**

1. Entity Name

**MAVERICK MANAGEMENT SERVICES, INC.**

Principal Place of Business

**5225 US HWY 27 N  
DAVENPORT FL 33837**

Mailing Address

**5225 US HWY 27 N  
DAVENPORT FL 33837**

2. Principal Place of Business

**43824 US HWY 27**

3. Mailing Address

**43824 US HWY 27**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DAVENPORT, FL**

City & State

**DAVENPORT, FL**

Zip

**33837**

Country

**USA**

Zip

**33837**

Country

**USA**

4. FEI Number

**59-3620366**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LANE, PAUL C**

**5301 CONROY RD, SUITE 140  
ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name

**HAROON KHAWAJA**

Street Address (P.O. Box Number is Not Acceptable)

**43824 US HWY 27**

City

**DAVENPORT**

**FL**

Zip Code

**33837**

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

**01/10/02**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KHAWAJA, TARIQ L</b>	
STREET ADDRESS	<b>5820 MEDINAH WAY</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819-4411</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KHAWAJA, HAROON</b>	
STREET ADDRESS	<b>5820 MEDINAH WAY</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819-4411</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KHAWAJA, KHURRUM</b>	
STREET ADDRESS	<b>5820 MEDINAH WAY</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819-4411</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>43824 US HWY 27</b>	
CITY-ST-ZIP	<b>DAVENPORT, FL 33837</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>43824 US HWY 27</b>	
CITY-ST-ZIP	<b>DAVENPORT, FL 33837</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>43824 US HWY 27</b>	
CITY-ST-ZIP	<b>DAVENPORT, FL 33837</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

**HAROON KHAWAJA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**01/10/02**

**407 616 6004**

CR2E034 (9/01)