

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90060 025 \*\*\*150.00

**DOCUMENT # P00000092592**

1. Entity Name  
**MAXIMUM CONSTRUCTION SERVICES, INC.**



Principal Place of Business  
**1401 W. GORE ST.  
SUITE 3  
ORLANDO FL 32806**

Mailing Address  
**PO BOX 783302  
WINTER GARDENS FL 34778**

2. Principal Place of Business  
**324 W. Oakland AVE**

3. Mailing Address

Suite, Apt. #, etc.  
**Oakland, Florida**

Suite, Apt. #, etc.

City & State  
**34778 Orange**

City & State

Zip Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3675857**

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

**FLANNERY, DANNY  
1401 W. GORE ST.  
SUITE 3  
ORLANDO FL 32806**

Name **Flannery, Danny**  
Street Address (P.O. Box Number is Not Acceptable)

**324 W. Oakland AVE**  
City **Oakland**

FL Zip Code **34778**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **FLANNERY, DANNY**  
STREET ADDRESS **3834 FALLSCREST CIRCLE**  
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **D** ☐ Delete  
NAME **ZAKHARY, PETER**  
STREET ADDRESS **311 EMERALD SHORE CIRCLE**  
CITY-ST-ZIP **OCFEE FL 34761**

TITLE ☐ Change ☐ Addition  
NAME **Zakhary, Peter**  
STREET ADDRESS **3740 Fallscresc cir.**  
CITY-ST-ZIP **Clermont, FL 34711**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

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 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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**Danny Flannery VP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03  
Date

407-877-6728  
Daytime Phone #

CR2E034 (10/02)