

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107399

1. Entity Name
MAIER TECHNOLOGIES, INC.

Principal Place of Business

**965 OSCEOLA BLVD
ENGLEWOOD FL 34223**

Mailing Address

**965 OSCEOLA BLVD
ENGLEWOOD FL 34223**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1532 US 41 Bypass

Suite, Apt. #, etc.

PMB 266

City & State

VENICE, FLORIDA

Zip

34293

Country

SARASOTA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAIER, ERIK C
965 OSCEOLA BLVD
ENGLEWOOD FL 34223**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAIER, ERIK C 965 OSCEOLA BLVD ENGLEWOOD FL 34223	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

ERIK C. MAIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90425 026 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)