

**6/1/02 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 00000 115308
1. Entity Name
Maxima Building Service, Inc.

FILED
02 MAR 21 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1601 Nectarine St.
Suite, Apt. #, etc. # G-4
City & State
Fernandina Bch. FL
Zip 32034 Country US

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3687121
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE 01-02

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Wook C. Yun
Street Address (P.O. Box Number is Not Acceptable)
1601 Nectarine St. # G-4
City Fernandina Beach FL Zip Code 32034

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Wook C. Yun</u> <u>1601 Nectarine St.</u> <u>Fernandina Bch. FL</u> <u>32034</u>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>300005259093--9</u> <u>-04/15/02--01008--002</u> <u>****150.00 ****150.00</u>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Wook C. Yun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wook C. Yun
President 2/20/02 904) 491-6840
Date Daytime Phone #

CR2E034B (12/01)

PS