

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90073 031 ***158.75

DOCUMENT # P01000018358

1. Entity Name
MAVERIC CONTRACTING ENT., INC.



Principal Place of Business
2637 E ATLANTIC BLVD. #140
POMAPNO BEACH FL 33062

Mailing Address
2637 E ATLANTIC BLVD. #140
POMAPNO BEACH FL 33062



2. Principal Place of Business

3. Mailing Address

2637 E. ATLANTIC BLVD.
Suite, Apt. #, etc. **#140**

2637 E. ATLANTIC BLVD. #140
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

4. FEI Number **65-1076511**

Applied For
Not Applicable

Zip **33062** Country **USA**

Zip **33062** Country **USA**

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

CLENDING, M KATHLEEN
9070 KIMBERLY BLVD, STE 57
BOCA RATON FL 33434

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. 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 **P** ☒ Delete
NAME **GONZALEZ, DAVID**
STREET ADDRESS **6101 GARFIELD STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **WILLIAM SOLTAU**
STREET ADDRESS **2637 E. ATLANTIC BLVD. #140**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 and in all other like empowered.

SIGNATURE:

WILLIAM SOLTAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03

Date

954-783-6375

Daytime Phone #

CR2E034 (10/02)