

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-06-2002 90013 022 ***158.75

DOCUMENT # P01000081699

1. Entity Name
MAXIMIZED LIVING, INC.

Principal Place of Business
1102 MANATEE AVE E
BRADENTON FL 34208

Mailing Address
1102 MANATEE AVE E
BRADENTON FL 34208

2. Principal Place of Business

1102-Manatee Ave E
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bradenton

City & State

Bradenton

Zip

34208

Country

Manatee

Zip

34208

Country

Manatee

4. FEI Number

651-135-766

Applied For

Not Applicable

5. Certificate of Status Desired

SR

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAY, LINDA R

1102-MANATEE AVE E
BRADENTON FL 34208

7. Name and Address of New Registered Agent

Name

Linda R. Gay

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

1102-Manatee Ave E Bradenton, FL

City

Bradenton

FL

Zip Code

34208

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 *Linda R. Gay*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-16-02

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, 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 **P** ☐ Delete
NAME **GAY, LINDA R**
STREET ADDRESS **1102 MANATEE AVE E**
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: *Linda R. Gay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)