

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State
09-12-2003 90100 044 ***550.00

0067437 AV

DOCUMENT # P01000100562

1. Entity Name
MAXWELL O. GAYLE, P.A.



Principal Place of Business
629 SOUTHEAST FIFTH AVENUE
FORT LAUDERDALE FL 33301 *change*

Mailing Address
629 SOUTHEAST FIFTH AVENUE
FORT LAUDERDALE FL 33301



2. Principal Place of Business
881 NW 115 AVE
Suite, Apt. #, etc.
Plantation FLA 33325
City & State

3. Mailing Address
881 NW 115 AVE
Suite, Apt. #, etc.
Plantation FLA 33325
City & State

☒ CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country
33325 FLA-USA

4. FEI Number APPLIED FOR
010598226 ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAYLE, MAXWELL O
629 SOUTHEAST FIFTH AVENUE
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name MAXWELL GAYLE
Street Address (P.O. Box Number is Not Acceptable)
881 NW 115 AVE
City Plantation FL Zip Code 33325

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 *Maxwell Gayle*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GAYLE, MAXWELL O CEO 881 NW 115 AVE PLANTATION FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maxwell Gayle* 9-10-03 (954) 993-6080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)