

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90102 041 \*\*\*150.00

0082064 AV

**DOCUMENT # P02000010277**

1. Entity Name

**MAXCON GENERAL CONTRACTORS INC.**



Principal Place of Business

**13796 BARBERRY DRIVE  
WELLINGTON FL 33414**

Mailing Address

**13796 BARBERRY DRIVE  
WELLINGTON FL 33414**

2. Principal Place of Business

**13796 BARBERRY DRIVE**

3. Mailing Address

**13796 BARBERRY DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WELLINGTON FL**

City & State

**WELLINGTON FL**

Zip

**33414**

Country

**US**

Zip

**33414**

Country

**US**

4. FEI Number

**04-3599860**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ, MANUEL A  
13796 BARBERRY DRIVE  
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

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

**9/9/03**

**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	<b>PD LOPEZ, MANUEL A 13796 BARBERRY DRIVE WELLINGTON FL 33414</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD LOPEZ, CHERYL LYNN 13796 BARBERRY DRIVE WELLINGTON FL 33414</b>	<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
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
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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/9/03**

**561-7236972**

Date

Daytime Phone #

CR2E034 (4/03)



13796 BARBERRY DRIVE WELLINGTON, FL 33414

E-MAIL : MANVYLOPEZ@MAXCONENTERPRISES.COM

PHONE: (561)723-6972

FAX: (561)795-2482

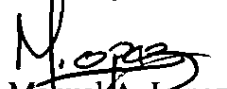
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P02000010277

To: Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

I hereby request a waiver of the \$400.00-UBR late filing fee. It is my understanding that my Corporation did not receive the first notice to file the UBR.

If my information is not correct, please notify me in order to send any additional fees due.

Sincerely,

  
Manuel A. Lopez  
President

9/9/03

