FILED
Jun 17, 2003 8:00 am
Secretary of State
05-08-2003 90162 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/8

DOCUMENT # P02000095058

55048793

1. Entity Name
MAXWELL & HOLLISTER TAX AND ACCOUNTING, INC.

Principal Place of Business	Mailing Address
410-43RD ST. W.	410-43RD ST. W.
H	H
BRADENTON FL 34209	BRADENTON FL 34209

[redacted]

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 22-3868105 — Applied For / Not Applicable

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
HOLLISTER, RALPH L	Name: DAVID J HOLLISTER
1416 EAST PARK DRIVE	Street Address (P.O. Box Number is Not Acceptable): 410 - 43 RD ST. W. SUITE H
CALLAWAY FL 32404	City: BRADENTON FL Zip Code: 34209

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: David J Hollister — 5/1/03
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	TITLE	P ☒ Change ☐ Addition
NAME	HOLLISTER, DAVID J	NAME	HOLLISTER, DAVID J
STREET ADDRESS	54 WEST HARMON DRIVE	STREET ADDRESS	410 - 43 RD ST. W. STE H
CITY-ST-ZIP	MITCHELL SD 57301	CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	S ☐ Delete	TITLE	S ☒ Change ☐ Addition
NAME	HOLLISTER, SHARON K	NAME	HOLLISTER, SHARON K
STREET ADDRESS	54 WEST HARMON DRIVE	STREET ADDRESS	410 - 43 RD ST., W. STE H
CITY-ST-ZIP	MITCHELL SD 57301	CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: David J Hollister — 5/1/03 — 941-747-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #