

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90071 013 ***150.00

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1. Entity Name
MAXWELL MACK, INC.

Principal Place of Business
**1612 SNOW AVENUE
TAMPA FL 33606**

Mailing Address
**1612 SNOW AVENUE
TAMPA FL 33606**

2. Principal Place of Business
1610 Snow Avenue
Suite, Apt. #, etc.

3. Mailing Address
1610 Snow Avenue
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
56-2305333

Applied For
Not Applicable

Zip
33606

Country
US

Zip
33606

Country
US

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

6. Name and Address of Current Registered Agent

**CARNEAL, J. MACK
2421 S. CAROLINA AVENUE
TAMPA FL 33629**

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

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CARNEAL, J. MACK**
CITY-ST-ZIP **2421 S CAROLINA AVENUE
TAMPA FL 33629**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MAXWELL, DANIEL J**
CITY-ST-ZIP **7428 ASCOT COURT
UNIVERSITY PARK FL 34201**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-251-4440

CR2E034 (10/02)