

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000003700

1. Entity Name

MAYDAY FINANCIAL SERVICES, INC.

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90007 018 ***150.00

Principal Place of Business

3273 MEADOW RUN DR
VENICE FL 34293-1430

Mailing Address

3273 MEADOW RUN DR
VENICE FL 34293-1430

2. Principal Place of Business

482 SCHOONER STREET

3. Mailing Address

482 SCHOONER STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH PORT FL.

City & State

NORTH PORT FL.

Zip

34287-6519

Country

USA

Zip

34287-6519

Country

USA

4. FEI Number

65-0382371

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

LARIVIERE, ALMEDA M
3273 MEADOW RUN DR
VENICE FL 34293-1430

Name

LARIVIERE, ALMEDA, M.

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

482 SCHOONER STREET

City

NORTH PORT

FL

Zip Code

34287-6519

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

Almeda M. Lariviere (ALMEDA M. LARIVIERE)

4/16/01

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LARIVIERE, ALMEDA M	
STREET ADDRESS	3273 MEADOW RUN DR	
CITY-ST-ZIP	VENICE FL 34293-1430	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LARIVIERE, MAURICE L	
STREET ADDRESS	3273 MEADOW RUN DR	
CITY-ST-ZIP	VENICE FL 34293-1430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARIVIERE, ALMEDA, M.	
STREET ADDRESS	482 SCHOONER STREET	
CITY-ST-ZIP	NORTH PORT, FL. 34287-6519	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARIVIERE, MAURICE, L.	
STREET ADDRESS	482 SCHOONER STREET	
CITY-ST-ZIP	NORTH PORT, FL. 34287-6519	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

Maurice L. Lariviere (MAURICE L. LARIVIERE)

DATE

4/16/01

Daytime Phone #

(941) 429-8439

CR2E034 (10/00)