

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000015959

1. Entity Name

S.R. MAESEL, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90056 032 ***150.00

Principal Place of Business

Mailing Address

1595 NW 1 CT
BOCA RATON FL 33432
US

P.O. BOX 4001
BOCA RATON FL 33429
US

2. Principal Place of Business

428 N.W. 35TH. ST.

3. Mailing Address:

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL.

City & State

4. FEI Number

65-0408170

Applied For

Not Applicable

Zip

33431

Country

U.S.A.

Zip

Country

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

HICKEY, PETER
1595 NW 1 CT
BOCA RATON FL 33432

Name

PETER HICKEY

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

428 N.W. 35TH. ST.

City

BOCA RATON

FL

Zip Code

33431

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

1/13/00

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	MAESEL, SHAWN	
STREET ADDRESS	1595 NW 1 CT	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	TROUF, RICHARD	
STREET ADDRESS	1595 NW 1 CT	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	TDV	<input checked="" type="checkbox"/> Delete
NAME	HICKEY, PETER	
STREET ADDRESS	1595 NW 1 CT	
CITY-ST-ZIP	BOCA RATON FL 33432	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAWN R. MAESEL	
STREET ADDRESS	428 N.W. 35TH. ST	
CITY-ST-ZIP	BOCA RATON, FL. 33431	
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	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD J. ROBISON	
STREET ADDRESS	428 N.W. 35TH. ST	
CITY-ST-ZIP	BOCA RATON, FL. 33431	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

1/13/00

561-368-9035

CR2E034 (9/99)