

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 09, 2001 08:00 AM
Secretary of State

DOCUMENT # P93000015959

1. Entity Name
S.R. MAESEL, INC.

Principal Place of Business
428 NW 35TH ST
BOCA RATON FL 33432 US

Mailing Address
P.O. BOX 4001
BOCA RATON FL 33429 US

2. Principal Place of Business
428 NW 35TH ST

3. Mailing Address

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
US

Zip
Country

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

6. Name and Address of Current Registered Agent

HICKEY PETER
428 NW 35TH ST
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name
HICKEY PETER A
Street Address (P.O. Box Number is Not Acceptable)
428 NW 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 PETER A. HICKEY

01/09/2001

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DV	☐ Change	☒ Addition

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: SHAWN R. MAESEL

PD

01/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)