

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000061353

1. Entity Name

MAXIMUM SERVICE GROUP INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90162 014 ***150.00

Principal Place of Business

1915 MEARS PKWY
MARGATE FL 33063
US

Mailing Address

1915 MEARS PKWY
MARGATE FL 33063-3702
US

2. Principal Place of Business

2470 Little Rock CT

Suite, Apt. #, etc.

3. Mailing Address

2470 Little Rock CT

Suite, Apt. #, etc.

City & State

Wellington FL

Zip

33414

Country

US

City & State

Wellington FL

Zip

33414

Country

US

4. FEI Number

65-0434068

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

HARRISON, MARK G
1915 MEARS PKWY
MARGATE FL 33063

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.

SIGNATURE

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, 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	MARK G HARRISON	
STREET ADDRESS	1840 N ST RD 7	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, LARRY	
STREET ADDRESS	6644 NW 48TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, STEPHEN	
STREET ADDRESS	1915 MEARS PKWY	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

FILED

Signature: [Handwritten Signature]
C / APR 21 2000 4/17/00 954 275-4320