

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000061353**1. Entity Name
MAXIMUM SERVICE GROUP INC.Principal Place of Business
2470 LITTLE ROCK CT
WELLINGTON FL 33414 USMailing Address
2470 LITTLE ROCK CT
WELLINGTON FL 33414 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0434068

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARRISON MARK G
1915 MEARS PKWYMARGATE FL
33063 US

7. Name and Address of New Registered Agent

Name
HARRISON MARK GStreet Address (P.O. Box Number is Not Acceptable)
2470 LITTLE ROCK CTCity
WELLINGTON FL Zip Code
33414

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 _____ 04/29/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HARRISON STEPHEN
STREET ADDRESS 1915 MEARS PKWY
CITY-ST-ZIP MARGATE FLTITLE D ☐ Delete
NAME HARRISON LARRY
STREET ADDRESS 6644 NW 48TH MANOR
CITY-ST-ZIP CORAL SPRINGS FLTITLE PD ☐ Delete
NAME MARK G HARRISON
STREET ADDRESS 1840 N ST RD 7
CITY-ST-ZIP MARGATE FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VP/D ☒ Change ☐ Addition
NAME HARRISON LARRY
STREET ADDRESS 6644 NW 48TH MANOR
CITY-ST-ZIP CORAL SPRINGS FLTITLE PD ☒ Change ☐ Addition
NAME MARK G HARRISON
STREET ADDRESS 2470 LITTLE ROCK CT.
CITY-ST-ZIP WELLINGTON FL 33414TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: MARK G. HARRISON

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04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)