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Secretary of State
07-01-2002 90354 037 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

B0126359

DOCUMENT # P93000061353

1. Entity Name
Maximum Service Group Inc

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
13722 Stoimford Dr	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington FL	City & State
Zip: 33414 Country: Palm Bch	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

7. Name and Address of Current Registered Agent

Name: Mark G. Harrison

Street Address (P.O. Box Number is Not Acceptable): 13722 Stoimford Dr.

City: 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: Mark Harrison 4/30/02
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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD mark G. Harrison 13722 Stoimford Dr Wellington FL 33414
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Lanny Harrison 3863 NW 67th St Coconut Creek FL 33071
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SO Stephen Harrison 6524 NW 8th CT margate, FL 33063
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Harrison President 4/30/02 561-289-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #