

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082125

1. Entity Name

M.A.V. SERVICES, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90019 027 ***158.75

Principal Place of Business

Mailing Address

~~901 PROMENADE CIR.
HEATHROW FL 32746~~

~~901 PROMENADE CIR.
HEATHROW FL 34906 4018~~

2. Principal Place of Business

815 S.E. MACARTHUR BLVD.

3. Mailing Address

815 S.E. MACARTHUR BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
STUART, FL

City & State
STUART, FL

4. FEI Number 59-3211747

Applied For

Not Applicable

Zip
34996

Country
USA

Zip
34996

Country
USA

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

VICINI, MARK

~~901 PROMENADE CIR.
HEATHROW FL 32746~~

Name
MARK VICINI

Street Address (P.O. Box Number is Not Acceptable)
815 S.E. MACARTHUR BLVD.

City & State
STUART, FL

Zip
34996

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
VICINI, MARK
901 PROMENADE CIR
HEATHROW FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICINI, MARK
815 S.E. MACARTHUR BLVD.
STUART, FL 34996 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00 561-692-9998
Daytime Phone #

CR2E034 (9/99)