

**03-03 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED

03 JUN 19 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000004742**

1. Entity Name
MAXSON ASSOCIATES, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
129 CARLYLE CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
129 CARLYLE CIRCLE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3248441

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

City & State
PALM HARBOR, FL

City & State
PALM HARBOR, FL

Zip
39683

Country

7. Name and Address of Current Registered Agent

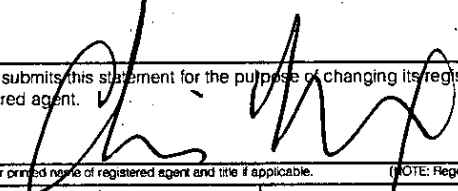
Name
CHRIS MAXSON

Street Address (P.O. Box Number is Not Acceptable)
129 CARLYLE CIRCLE

City
PALM HARBOR FL Zip Code
39683

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	MAXSON, CHRIS	129 CARLYLE CIRCLE PALM HARBOR, FL 39683				

000021082560
06/23/03--01076--014 **300.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with an officer like empowered.

SIGNATURE:  DATE **6/28/2003** 727-470-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

6/19