

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034898

1. Entity Name

THE MAXWELL CORPORATION OF TAMPA BAY

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90116 035 ***150.00

Principal Place of Business

Mailing Address

1420 W. BUSCH BLVD.
TAMPA FL 33612

1420 W. BUSCH BLVD.
TAMPA FL 33612-7602
US

2. Principal Place of Business

3. Mailing Address

10402 N. 27TH ST.
Suite, Apt. #, etc.

10402 N. 27TH ST.
Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number 59-3242323

Applied For
Not Applicable

Zip 33612

Country Hillsborough

Zip 33612

Country Hillsborough

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

MARAJ, SUDESH
1420 W. BUSCH BLVD.
TAMPA FL 33612

Name TARA MACAS
Street Address (P.O. Box Number is Not Acceptable)

10402 N. 27TH ST.
City TAMPA FL Zip Code 33612

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 SUDESH MACAS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2-11-00

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 checked="" type="checkbox"/> Delete
NAME	MARAJ, SUDESH	
STREET ADDRESS	1420 W. BUSCH BLVD.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LAURA, MARA J.	
STREET ADDRESS	1420 W. BUSCH BLVD.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CARTER, SUCHILLA M	
STREET ADDRESS	10402 NORTH 27TH STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MAHARAJ, SARAH	
STREET ADDRESS	10402 NORTH 27TH STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARAJ, TARA	
STREET ADDRESS	10402 NORTH 27TH STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD VD SD TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARAJ, TARA	
STREET ADDRESS	10402 N. 27TH ST.	
CITY-ST-ZIP	TAMPA FL 33612	
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 #

CR2E034 (9/99)