

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

1998 REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 MAY 11 AM 11:04 719408

DOCUMENT # P94000068857

1. Corporation Name MAVERICK BUSINESS DEVELOPMENT, INC.



REINSTATEMENT 99-00

Principal Place of Business 4515 PLAZA WAY SUITE A ST PETERSBURG BCH FL 33706 US

Mailing Address 4515 PLAZA WAY SUITE A ST PETERSBURG BCH FL 33706 US

3. Date Incorporated or Qualified 09/19/1994

4. FEI Number 59-3274441 Applied For Not Applicable

2. Principal Place of Business 21 511 HUNTER LANE

2a. Mailing Address 26 511 HUNTER LANE

22 SUITE A

27 SUITE A

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

23 BRADENTON, FL

28 BRADENTON, FL

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

24 34202 25 USA

29 34202 30 USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No X

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NATIONSCORP REGISTERED AGENTS, INC. 526 EAST PARK AVENUE SUITE 200 TALLAHASSEE FL 32301

81 Name KEITH NEWMAN 82 Street Address (P.O. Box Number is Not Acceptable) 5244 1ST AVE N. 83 84 City ST. PETERSBURG FL FL 85 Zip Code 33713

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Keith Newman DATE 4/11/00

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD NAME RADEMAKER, GARY J STREET ADDRESS 4515 PLAZA WAY CITY-ST-ZIP ST PETERSBURG BCH FL

1.1 TITLE PDS 1.2 NAME RADEMAKER, GARY J 1.3 STREET ADDRESS 511 HUNTER LANE 1.4 CITY-ST-ZIP BRADENTON, FL 34202

TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.1 TITLE VT 2.2 NAME RADEMAKER, VICTORIA A 2.3 STREET ADDRESS 511 HUNTER LANE 2.4 CITY-ST-ZIP BRADENTON, FL 34202

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE 3.2 NAME 300003271313--0 -05/31/00--01016--006 \*\*\*900.00 \*\*\*900.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: GARY J. RADEMAKER DATE 4/11/00 DAYTIME PHONE # 941-741-9571

032E034 (1/1/98)