

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003685

1. Entity Name  
MAXWELL BUILDING SERVICES, INC.

**FILED**  
May 23, 2002 8:00 am  
Secretary of State

05-23-2002 90126 002 \*\*\*150.00

Principal Place of Business

2424 N.E. 25TH PL.  
FT. LAUDERDALE FL 33305

Mailing Address

2424 N.E. 25TH PL.  
FT. LAUDERDALE FL 33305

2. Principal Place of Business

907 NW 8 St

Suite, Apt. #, etc.

3. Mailing Address

907 NW 8 St

Suite, Apt. #, etc.

City & State

Dania, FL

Zip

33004

Country

Broward

City & State

Dania, FL

Zip

33004

Country

Broward

4. FEI Number

65-0552894

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SELDOMRIDGE, ROBERT

2424 N.E. 25TH PL.

FT. LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name

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

907 NW 8 St

City

Dania

FL

Zip Code

33004

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 Robert Seldomridge

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

(NOT Registered Agent signature required when reinstating)

Address  
only

DATE

4/29/02

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

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**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME SELDOMRIDGE, ROBERT  
STREET ADDRESS 2424 N.E. 25TH PL.  
CITY-ST-ZIP FT. LAUDERDALE FL 33305

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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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

4/29/02

Date

Daytime Phone #

CR2E034 (9/01)