

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State
 02-05-2002 90162 010 ***150.00

DOCUMENT # P95000011955

1. Entity Name

MAVERICK MEAT PROCESSORS, INC.

Principal Place of Business

**3901 DR MARTIN LUTHER KING BLVD
 UNIT 21
 FORT MYERS FL 33916
 US**

Mailing Address

**408 LEONARD BLVD N
 LEHIGH ACRES FL 33913
 US**

2. Principal Place of Business

408 Leonard Blvd. N.

3. Mailing Address

408 Leonard Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lehigh Acres, FL

City & State

Lehigh Acres, FL

Zip

33971

Country

Lee

Zip

33971

Country

Lee

4. FEI Number

65-0579882

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MAXEY, GLEN
 408 LEONARD BLVD N
 LEHIGH ACRES FL 33913**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33971

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, 2002 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

TITLE **D** ☐ Delete
 NAME **MAXEY, GLEN**
 STREET ADDRESS **408 LEONARD BLVD N**
 CITY-ST-ZIP **LEHIGH ACRES FL 33913 33971**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: X **REQUIRED**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1-17-02 941 368 1835

Date

Daytime Phone #

CR2E034 (9/01)