

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90115 042 ***150.00

DOCUMENT # P95000029073

1. Entity Name

C. GUY MAXCY & ASSOCIATES, INC.



Principal Place of Business

**906 S.E. LAKEVIEW DRIVE
SUITE #106
SEBRING FL 33870
US**

Mailing Address

**906 S.E. LAKEVIEW DRIVE
SUITE #106
SEBRING FL 33870
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2387679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MAXCY, C. GUY
906 S.E. LAKEVIEW DRIVE SUITE 6
SEBRING FL 33870**

7. Name and Address of New Registered Agent

Name

MAXCY, C. GUY

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

906 S.E. Lakeview Drive, Suite 106

City

Sebring

FL

Zip Code

33870

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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: **P** ☐ Delete
NAME: **MAXCY, C. GUY**
STREET ADDRESS: **906 S.E. LAKEVIEW DRIVE, SUITE 6**
CITY-ST-ZIP: **SEBRING FL 33870**

TITLE: **S** ☐ Delete
NAME: **MAXCY, JACQUELINE**
STREET ADDRESS: **906 S.E. LAKEVIEW DRIVE, SUITE 6**
CITY-ST-ZIP: **SEBRING FL 33870**

TITLE: **VP** ☐ Delete
NAME: **MAXCY, CHESTER G JR**
STREET ADDRESS: **906 SE LAKEVIEW DR SUITE 106**
CITY-ST-ZIP: **SEBRING FL 33870**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** ☒ Change ☐ Addition
NAME: **MAXCY, C. Guy**
STREET ADDRESS: **906 S.E. Lakeview Drive, Suite 106**
CITY-ST-ZIP: **Sebring, FL 33870**

TITLE: **S** ☒ Change ☐ Addition
NAME: **MAXCY, Jacqueline**
STREET ADDRESS: **906 S.E. Lakeview Drive, Suite 106**
CITY-ST-ZIP: **Sebring, FL 33870**

TITLE: **VP** ☒ Change ☐ Addition
NAME: **MAXCY, Chester G. Jr.**
STREET ADDRESS: **906 S.E. Lakeview Drive, Suite 106**
CITY-ST-ZIP: **Sebring, FL 33870**

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-03

Date

803-385-7755

Daytime Phone #

CR2E034 (10/02)