

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002934

1. Entity Name

SHAWN R. MAESEL, INC.

Principal Place of Business

1595 NW 1 CT  
BOCA RATON FL 33432  
US

Mailing Address

P.O. BOX 4001  
BOCA RATON FL 33429  
US

2. Principal Place of Business

428 N.W. 35TH ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

City & State

Zip

33431

Country

USA

Zip

Country

4. FEI Number

65-0653480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HICKEY, PETER  
100 NW 28TH ST B-3  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

PETER A. HICKEY

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

428 N.W. 35TH ST.

City

BOCA RATON

FL

Zip Code

33431

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

3/10/00

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

TITLE PD  
NAME MAESEL, SHAWN  
STREET ADDRESS 1595 NW 1 CT  
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE VTD  
NAME HICKEY, PETER  
STREET ADDRESS 1595 NW 1 CT  
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME SHAWN R. MAESEL  
STREET ADDRESS 428 N.W. 35TH ST.  
CITY-ST-ZIP BOCA RATON, FL. 33431

TITLE VTD ☒ Change ☐ Addition  
NAME PETER A. HICKEY  
STREET ADDRESS 428 N.W. 35TH ST.  
CITY-ST-ZIP BOCA RATON, FL. 33431

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

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

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

TITLE ☐ Change ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

561-368-9035

Date

Daytime Phone #

CR2E034 (9/99)