

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055941

1. Entity Name

MAYNARD MANAGEMENT & CONSULTING, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90055 006 ***150.00

Principal Place of Business

Mailing Address

9630 LANDINGS DRIVE
PT ST LUCIE FL 34986
US

9630 LANDINGS DRIVE
PT ST LUCIE FL 34986-3249
US

2. Principal Place of Business

8204 KIAWAH TRACE

3. Mailing Address

8204 KIAWAH TRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE, FL

Zip

Country

34986 US

Zip

Country

34986 US

4. FEI Number

65-0681525

Applied For

- Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYNARD, DON F
9630 LANDINGS DR
PORT ST. LUCIE FL 34952

Name

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

8204 KIAWAH TRACE

City PORT ST. LUCIE

FL

Zip Code

34986

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME MAYNARD, DON F
STREET ADDRESS 9630 LANDINGS DR
CITY-ST-ZIP PORT ST. LUCIE FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 8204 KIAWAH TRACE
STREET ADDRESS PORT ST. LUCIE, FL 34986
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VS
NAME MAYNARD, KATHRYN F
STREET ADDRESS 9630 LANDINGS DR
CITY-ST-ZIP PORT ST. LUCIE FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 8204 KIAWAH TRACE
STREET ADDRESS PORT ST. LUCIE, FL 34986
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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)(l), 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:

Don F Maynard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00

5614614806

CR2E034 (9/99)