

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 27, 2000 8:00 am  
Secretary of State  
04-27-2000 90089 011 \*\*\*150.00

DOCUMENT # P97000020085

Entity Name  
MAVERICK EXPRESS, INC.

Principal Place of Business      Mailing Address  
61ST STREET EAST      4104 61ST STREET EAST  
PALMETTO FL 34221      PALMETTO FL 34221-9332

80090173



DO NOT WRITE IN THIS SPACE

Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      65-0742473      Applied For  
Not Applicable  
5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BLALOCK, LANDERS, WALTERS & VOGLER, P.A.  
802 11TH STREET WEST  
BRADENTON FL 34205

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

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

TITLE	D/P	<input type="checkbox"/> Delete
NAME	FRANK MELVIN	
STREET ADDRESS	4104 61ST STREET EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D/V	<input type="checkbox"/> Delete
NAME	STEVE W SNYDER	
STREET ADDRESS	4104 61ST STREET EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	WILLARD R MELVIN	
STREET ADDRESS	4104 61ST STREET EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	SANDRA GAIL SNYDER	
STREET ADDRESS	4104 61ST STREET EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Frank Melvin*      Frank Melvin      04/05/00      941-722-0504  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)