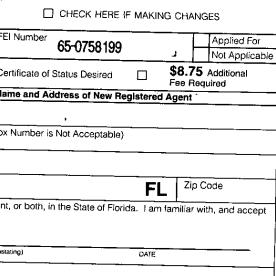
## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) DOCUMENT #

P97000046217 1. Entity Name 03-17-2003 90465 045 \*\*\*150.00 MAXWELL INCORPORATED Principal Place of Business Mailing Address 902 NE 19TH AVENUE 1104 GUAVA ISLE FORT LAUDERDALE FL 33304 FT LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0758199 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAXWELL, MONICA C Street Address (P.O. Box Number is Not Acceptable) 1104 GUAVA ISLE FT LAUDERDALE FL 33315 City 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 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 9. Election Campaign Financing Make Check Payable to Florida Department of State \$5.00 May Be Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

## **FILED** Mar 17, 2003 8:00 am Secretary of State



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12. I hereby ce	ertify that the information supplied with this fil	ing does not qualify for the		d in Section 119.07(3)(i), Florida Statutes. I further certify that the in-	
indicated o	on this report or supplemental report is true a	nd accurate and that my si	ignature shall hav	d in Section 119.07(3)(i), Florida Statutes. I further certify that the inverthe same legal effect as if made under oath; that I am an officer of the for Florida Statutes; and that more oath; that I am an officer of	formation
changed, o	or an attachment with an address, with all	to execute this report as re	equired by Chap	ve the same legal effect as if made under oath; that I am an officer of the 607, Florida Statutes; and that my name appears in Block 10 or I	or director
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SIGNATURE:

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