

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000066255**

1. Entity Name

**MAXIMUM CONSTRUCTION CORPORATION****FILED****Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90192 010 \*\*\*150.00

Principal Place of Business

**5330 7TH AVE., NW  
NAPLES FL 34119**

Mailing Address

**790 HARBOUR DRIVE  
SUITE 2B  
NAPLES FL 34103-4461  
US**

2. Principal Place of Business

3. Mailing Address

**PO BOX 12194**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**NAPLES FL**

Zip

Country

**34101-2194****USA**4. FEI Number **65-0780521**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KRONON GALATI, ROXANE  
790 HARBOUR DRIVE  
SUITE 2B  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **David Hill**

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

**40 Hayes + Galati, PA  
790 Harbour Dr. - Ste 2B**City **Naples****FL**Zip Code **34103**

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

**David J. Hill**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-31-01**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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D HILL, DAVID J</b>	<b>5330 7TH AVE., NW</b>	<b>NAPLES FL 34119</b>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D HILL, EDWARD</b>	<b>1229 ANDREWS AVE.</b>	<b>NAPLES FL 34112</b>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D HERB, MARVIN</b>	<b>7400 N. OAK PARK AVE., EXECUTIVE STE.</b>	<b>NILES IL 60714-3818</b>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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: **David J. Hill**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-31-01**  
**370-2883**

Date

Daytime Phone #

CR2E034 (10/00)