

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047592

1. Entity Name

MAXTON MARKETING GROUP, INC.

Principal Place of Business

435 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

Mailing Address

435 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114-4927

2. Principal Place of Business

6219 Poplar Grove Dr.
Suite, Apt. #, etc.

3. Mailing Address

6219 Poplar Grove Dr.
Suite, Apt. #, etc.

City & State

Port Orange FL

City & State

Port Orange FL

Zip

32127-9517

Country

USA

Zip

32127-9517

Country

USA

4. FEI Number

59-3511821

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELOS ALLEN
435 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name Aaron J. Becker

Street Address (P.O. Box Number is Not Acceptable)
6219 Poplar Grove Dr.

City Port Orange FL Zip Code 32127-

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

(Not for 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 P ☐ Delete
NAME BECKER, AARON J
STREET ADDRESS 6219 POPLAR GROVE DR
CITY-ST-ZIP PORT ORANGE FL 32127-9517

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90021 013 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)