

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-02-2000 90021 013 ***150.00

DOCUMENT # P98000047592

1. Entity Name
MAXTON MARKETING GROUP, INC.

Principal Place of Business Mailing Address
435 S. RIDGEWOOD AVE. **435 S. RIDGEWOOD AVE.**
DAYTONA BEACH FL 32114 **DAYTONA BEACH FL 32114-4927**

2. Principal Place of Business 3. Mailing Address
6219 Poplar Grove Dr. **6219 Poplar Grove Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Port Orange FL **Port Orange FL**
 Zip Country Zip Country
32127-9517 USA **32127-9517 USA**

4. FEI Number Applied For
59-3511821 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~**BELUS 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 **32127-9517**

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]* DATE **2/25/00**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P BECKER, AARON J	6219 POPLAR GROVE DR	PORT ORANGE FL 32127-9517	<input type="checkbox"/>
				<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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 the like empowered.

SIGNATURE: *[Signature]* DATE: **2/25/00** Day/Time Phone #: **(904) 761-9439**

CR2E034 (9/99)