

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052681

1. Entity Name

MAIDS IN THE USA, INC.

FILED

May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90130 009 \*\*\*150.00

Principal Place of Business 128 OLD MILL COURT PONTE VEDRA BEACH FL 32082	Mailing Address 128 OLD MILL COURT PONTE VEDRA BEACH FL 32082-4133
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3516573	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BOSKOVITCH, PETER P II 128 OLD MILL COURT PONTE VEDRA BEACH FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Boskovitch, Peter II 128 Old Mill Court Ponte Vedra Beach FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Boskovitch, Melondy 128 Old Mill Court Ponte Vedra Beach FL 32082
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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 an other like empowered.

SIGNATURE: PETER P Boskovitch Date: 2/15/00 Daytime Phone #: 904-280-0861

CR2E034 (9/99)