

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058124

1. Entity Name

MAXIE, INC.

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

05-02-2000 90055 034 ***150.00

Principal Place of Business

120 E. MAPLE STREET
WINTER GARDEN FL 34787

Mailing Address

120 E. MAPLE STREET
WINTER GARDEN FL 34787-3637

2. Principal Place of Business

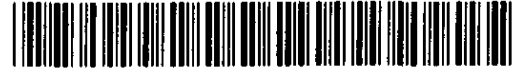
229 FRANKLIN ST.

Suite, Apt. #, etc.

3. Mailing Address

229 FRANKLIN ST.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OCFEE, FL.

City & State

OCFEE, FL

4. FEI Number

59-3526992

Applied For

Not Applicable

Zip

34761

Country

USA

Zip

34761

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAN DEVENTER, THEODORE H
120 E. MAPLE STREET
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name

PAT BOND

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

229 FRANKLIN ST.

City

OCFEE, FLORIDA

FL

Zip Code

34761

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

Pat Bond, PAT BOND, DIRECTOR

4-20-2000

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

(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)



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
DP
BOND, ALLEN
120 E. MAPLE STREET
WINTER GARDEN FL 34787 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
BOND, PAT
120 E. MAPLE STREET
WINTER GARDEN FL 34787 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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☐ Change ☐ Addition

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

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:

Pat Bond, PAT BOND - DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2000

Date

407-656-2342

Daytime Phone #