

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070671

1. Entity Name

MAURER, INC.

Principal Place of Business

Mailing Address

287 US HIGHWAY ONE
TEQUESTA FL 33469

287 US HIGHWAY ONE
TEQUESTA FL 33469-2701

2. Principal Place of Business

3. Mailing Address

287 US HIGHWAY ONE

287 US HIGHWAY ONE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JUPITER FL

JUPITER FL

Zip

Country

Zip

Country

33469

USA

33469

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAURER, MICHAEL
287 US HIGHWAY ONE
TEQUESTA FL 33469

Name

MAURER, MICHAEL

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

287 US HIGHWAY ONE

City

JUPITER

FL

Zip

33469

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MAURER, MICHAEL	
STREET ADDRESS	287 US HIGHWAY ONE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

44.00

(561) 743-7619

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90059 001 ***150.00



DO NOT WRITE IN THIS SPACE