## 2000 UNIFORM BUSINESS REPORT (UBR)

. PAge 1 of 2 FILED DOCUMENT # P9900014096 00 JUN 29 PM 2: 02 MAXWELL FINANCIAL CONSULTING, INC. SECRETARY OF STATE TALEASIASSEE, FLORIDA Principal Place of Business Mailing Address 1299 S.W. 4TH AVE. 1299 S.W. 4TH AVE. BOCA RATON FL 33432-7126 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAXWELL, DORTHEA M Street Address (P.O. Box Number is Not Acceptable) 1299 S.W. 4TH AVE. **BOCA RATON FL 33432** 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE M MAXWell NAM STREET ADDRESS 4 th Ave STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33432 Change ☐ Addition Delete TITLE TITLE NAME NAME 900003327109--0 STREET ADDRESS STREET ADDRESS -07/19/00==01010==021--CITY - ST - ZIP - 1 CITY-ST-ZIP \*\*\*\*150.00 /\*粉卷15000ltion TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 thistee 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 all other like empowered.

SIGNATURE:

PAye 2012

6/22/00

Maxwell Financial Consulting, Inc. 1299 SW 4<sup>th</sup> Avenue Boca Raton, Florida 33432 561-417-7759

Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302=1500

RE: 65-0893468 / P99000014096

Dear Sirs:

I live with my 77 year old mother who obtained my Uniform Business Report from the mail. She had no idea what it was and did not give me the report until last night. Also, this is the first corporation I ever had and I had no idea that an annual report was coming. After reading the instructions and filing requirements I have learned that this report is overdue with a severe penalty for late filing. Maxwell Financial Consulting can barely afford to pay the \$150 filing fee, and due to the above circumstances, I am respectfully requesting a waiver of the additional costs.

Sincelely,

Dorathea M. Maxwell

Maxwell Financial Consulting, Inc.

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