

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91584 017 ***150.00

DOCUMENT # P99000017313

1. Entity Name

MAXSON'S FINE JEWELERS, INC.

Principal Place of Business

Mailing Address

1861 NO. FEDERAL HWY., 208
 HOLLYWOOD FL 33020

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 HOLLYWOOD FL 33020

A0070224

2. Principal Place of Business

3. Mailing Address

4631 S. University

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

4. FEI Number **65-0909485**

Applied For
 Not Applicable

Zip **33328**

Country **USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAXON, SCOTT J
1861 NO. FEDERAL HWY., 208
HOLLYWOOD FL 33020

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

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

(NOTE: Business Agent signature required when certifying)

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, 2001 Fee will be \$330.00
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 **P** ☐ Delete
 NAME **MAXSON, SCOTT**
 STREET ADDRESS **1861 NO. FEDERAL HWY., 208**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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:

SCOTT J. MAXSON
 President

Date

Signature Page #

CR2E004 (10/00)