

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000036039**1. Entity Name
MAXUM MANAGEMENT, CORP.**Principal Place of Business**

11983 TAMiami TR N #151

NAPLES
34110

FL

Mailing Address

11983 TAMiami TR N #151

4419 DEL PRADO BLVD., #6
NAPLES
34110

FL

2. Principal Place of Business
26518 CLARKSTON DRIVE**3. Mailing Address**
26518 CLARKSTON DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BONITA SPRINGS

FL

City & State
BONITA SPRINGS

FL

4. FEI Number
65-0913653

Applied For

Not Applicable

Zip
34135Country
USZip
34135Country
US5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**GOLDEN B, INC.
26511 CLARKSTON DR.BONITA SPRINGS
34135

FL

US

7. Name and Address of New Registered Agent

Name

MAXUM REALTY GROUP INC.

Street Address (P.O. Box Number is Not Acceptable)
26518 CLARKSTON DR.City
BONITA SPRINGS

FL

Zip Code
34135

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 **STANLEY S. GOODMAN****04/30/2001**

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, 2001 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 **S** ☒ Delete
NAME **WEYERS JOERGEN**
STREET ADDRESS **2654 CLARUSTON DR**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☒ Delete
NAME **GOODMAN STAN**
STREET ADDRESS **1654 CLARUSTON DR**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GOODMAN STAN**
STREET ADDRESS **26518 CLARKSTON DR.**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**TITLE **PRES** ☒ Change ☐ Addition
NAME **GOODMAN STAN**
STREET ADDRESS **26518 CLARKSTON DR.**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: Stanley Goodman**PRES****04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)