

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048609

1. Entity Name

MAXCESS, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90012 022 ***150.00

Principal Place of Business

100 WEST LUCERNE CIRCLE
SUITE 500
ORLANDO FL 32801

Mailing Address

100 WEST LUCERNE CIRCLE
SUITE 500
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3551189

Applied For

Not Applicable

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

BLANTON, EDWIN F ESQ
825 THOMASVILLE ROAD
TALLAHASSEE FL 32303-2

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 title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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 ☐ Delete
NAME D
STREET ADDRESS MARCHANT, JAMES C JR
CITY-ST-ZIP 14119 WEST NEWBERRY ROAD
NEWBERRY FL 32669

TITLE ☒ Change ☐ Addition
NAME P/D
STREET ADDRESS James C. Marchant, Jr.
CITY-ST-ZIP 100 West Lucerne Circle, Suite 500
Orlando, FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS Robert N. Nevill
CITY-ST-ZIP 100 West Lucerne Circle, Suite 500
Orlando, FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME S/D
STREET ADDRESS Daniel H. Webb
CITY-ST-ZIP 100 West Lucerne Circle, Suite 500
Orlando, Florida 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/01 407-513-7700

0061523

CR2E034 (10/00)