

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90684 015 ***150.00

0093543 AV

DOCUMENT # P99000048609

1. Entity Name
MAXCESS, INC.

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
17100 Plantation Lake Cir

3. Mailing Address
P. O. Box 951419

Suite, Apt. #, etc.
17201

Suite, Apt. #, etc.

City & State
Sanford, FL 32771

City & State
Lake Mary, FL 32795-1419

4. FEI Number
59-3551189

Applied For
 Not Applicable

Zip
32771

Country
Seminole

Zip
32795-1419

Country
Seminole

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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, 2002 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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MARCHANT, JAMES C JR 100 WEST LUCERNE CIRCLE SUITE 500 ORLANDO FL 32801 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T NEVILL, ROBERT N 100 WEST LUCERNE CIRCLE SUITE 500 ORLANDO FL 32801 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WEBB, DANIEL H 100 WEST LUCERNE CIRCLE SUITE 500 ORLANDO FL 32801 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17100 Plantation Lakes Circle, #17201 Sanford, FL 32771 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T James C. Marchant 17100 Plantation Lakes Circle, #17201 Sanford, FL 32771 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: James C. Marchant *James C. Marchant*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02
 Date

407-330-9762
 Daytime Phone #

CR2E034 (9/01)



Attachments

#F090000 48609/628186

February 20, 2002

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed please find our Company's Uniform Business Report for year 2002. Our check no. 7811 in the amount of One Hundred Fifty Dollars (\$150.00) is also enclosed for filing fees.

Sincerely yours,

A handwritten signature in cursive script that reads "Jim Marchant".

James C. Marchant
President & CEO

Enclosures: 2