

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078208

1. Entity Name

MAINTAIN DOMAIN, ETC., INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90132 016 ***158.75

Principal Place of Business

1104 N. COLLIER BLVD.
MARCO ISLAND FL 34145

Mailing Address

1104 N. COLLIER BLVD.
MARCO ISLAND FL 34145-2547

2. Principal Place of Business

835 ELK CAM

3. Mailing Address

835 ELK CAM

Suite, Apt. #, etc.

APT 109

Suite, Apt. #, etc.

APT 109

City & State

MARCO ISLAND FLA.

City & State

MARCO ISLAND, FLA.

4. FEI Number

59-3605527

Applied For

Not Applicable

Zip

34145

Country

Zip

34145

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREUSEL, JAMIE B
% BERRY & GREUSEL
1104 N. COLLIER BLVD.
MARCO ISLAND FL 34145

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

David Whitaker DAVID WHITAKER Treasurer

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	GREUSEL, JAMIE B	
STREET ADDRESS	1104 N. COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	P President	<input type="checkbox"/> Delete
NAME	JOAN JENNINGS	
STREET ADDRESS	527 N 12th STREET	
CITY-ST-ZIP	NEW HYDE PARK, NY 11040	
TITLE	President (Vice)	<input type="checkbox"/> Delete
NAME	MARYLOU WHITAKER	
STREET ADDRESS	1291 SURAWY LANE	
CITY-ST-ZIP	SPRING LAKE HTS. NJ 07762	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	DAVID P. WHITAKER	
STREET ADDRESS	1291 SURAWY LANE	
CITY-ST-ZIP	SPRING LAKE HTS. NJ 07762	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Michael Jennings	
STREET ADDRESS	527 N 12th STREET	
CITY-ST-ZIP	NEW HYDE PARK, NY 11040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

David Whitaker DAVID P. WHITAKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

732-449-2368

CR2E034 (9/99)