

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91755 028 ***150.00

DOCUMENT # **P99000078630**

1. Entity Name

MAHER METAL-FRAMING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1535 PHYLLIS DR

Suite, Apt. #, etc.

3. Mailing Address

1535 PHYLLIS DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MERRITT ISLAND FL

City & State

MERRITT ISLAND FL

4. FEI Number

59-3578674

Applied For

Not Applicable

Zip

32952

Country

Zip

32952

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MAHER THOMAS R

Street Address (P.O. Box Number is Not Acceptable)

1535 PHYLLIS DR

City

MERRITT ISLAND

FL

Zip Code

32952

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
PSTD	MAHER THOMAS R	1535 PHYLLIS DR	MERRITT ISLAND FL 32952
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas R. Maher** **Thomas R. Maher**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

5/1/02

CR2E034B (12/01)