

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90002 005 \*\*\*550.00

DOCUMENT # P99000078706

1. Entity Name

PAXNER, INC. ✓

Principal Place of Business

Mailing Address

4200 GEORGIA AVENUE  
 WEST PALM BEACH FL 33401

4200 GEORGIA AVENUE  
 WEST PALM BEACH FL 33401

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

165-0953585

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

POSNER, MICHAEL J ESQ.  
 4420 BEACON CIRCLE  
 SUITE 100  
 WEST PALM BEACH FL 33407

Name

Craig R. Maxner

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

12670 Shoreline Dr #2E

City

Wellington

FL

Zip Code

33414

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]* president, director

8-28-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
President, Director	Craig R. Maxner		
12670 Shoreline Dr. #2E	Wellington, FL 33414		
Vice President	Jerome A. Papson		
2410 Glen Drive, NE	Lancaster, OH 43130		
Secretary, Treasurer	Tracy L. Maxner		
12670 Shoreline Dr. #2E	Wellington, FL 33414		
Officer	Carol S. Papson		
2410 Glen Drive, NE	Lancaster, OH 43130		

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00

(561) 833-3132

Date

Daytime Phone #

CR2E034 (5/00)