AMENDED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10108744

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080713

1. Entity Name
MAXWELL MORTGAGE, INC.

Principal Place of Business	Mailing Address
3750 GUNN HWY., STE. 2A TAMPA, FL 33624	3750 GUNN HWY., STE. 2A TAMPA, FL 33624

[redacted]

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

X CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3596932 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOHAMMED, FAYAD
3750 GUNN HWY., STE. 2A
TAMPA, FL 33624

7. Name and Address of New Registered Agent

Name SUSHILLA MAHARAJ
Street Address (P.O. Box Number is Not Acceptable)
3750 GUNN HWY, STE 2A
City TAMPA FL Zip Code 33624

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________ SUSHILLA MAHARAJ 6/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAHARAJ, SUSHILLA 3750 GUNN HWY #2A TAMPA, FL 33624	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SUSHILLA MAHARAJ 3750 GUNN HWY, STE 2A TAMPA, FL	X Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAHARAJ, SUSHILLA 3750 GUNN HWY., STE. 2A TAMPA, FL 33624	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SUSHILLA MAHARAJ 3750 GUNN HWY, STE 2A TAMPA FL	X Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ________ SUSHILLA MAHARAJ 6/24/03 819-936-1937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #