

AMENDED

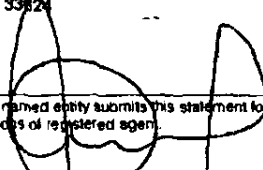
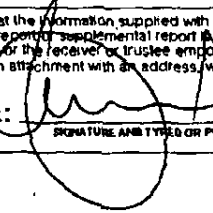
FILED 06/27/2003 90047 007 10.00
P99000080713

03 JUL -7 AM 9:27

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10108744

DOCUMENT # P99000080713					
1. Entity Name MAXWELL MORTGAGE, INC.					
Principal Place of Business 3750 GUNN HWY., STE. 2A TAMPA, FL 33624			Mailing Address 3750 GUNN HWY., STE. 2A TAMPA, FL 33624		
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 59-3596932	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOHAMMED, FAYAD 3750 GUNN HWY., STE. 2A TAMPA, FL 33624				Name SUSHILLA MAHARAJ	
				Street Address (P.O. Box Number is Not Acceptable)	
				3750 GUNN HWY, STE 2A	
				City TAMPA FL 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	
3. Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent's signature required when reinstating)	
9. Election Campaign Financing Trust Fund Contribution. ☐				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP		
S	MAHARAJ, SUSHILLA	3750 GUNN HWY, STE 2A	TAMPA, FL 33624	☐ Delete	
S	MAHARAJ, SUSHILLA	3750 GUNN HWY, STE. 2A	TAMPA, FL 33624	☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP		
VICE PRESIDENT	SUSHILLA MAHARAJ	3750 GUNN HWY, STE 2A	TAMPA, FL	☒ Change ☐ Addition	
TREASURER	SUSHILLA MAHARAJ	3750 GUNN HWY, STE 2A	TAMPA FL	☒ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
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, 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	

CR2E034 (10/02)