

2002 UNIFORM BUSINESS REPORT (UBR)

0521072 AV

DOCUMENT # **S70436**

Entity Name

MAYWAL OF VENICE, INC.

FILED

02 APR 30 PM 6:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**22 SOUTH LINKS AVE
STE 300
SARASOTA FL 34236
US**

Mailing Address

**22 SOUTH LINKS AVE
STE 300
SARASOTA FL 34236
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **98-0120931**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MORAN, JOHN A.
22 SOUTH LINKS AVE
STE 100-300
SARASOTA FL 34236**

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CALLANDER, WALTER**
STREET ADDRESS **RUE DES ARBRES**
CITY-ST-ZIP **JERSEY CHANNEL ISLDS**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CALLANDER, MARY THOMAS**
STREET ADDRESS **RUE DES ARBRES**
CITY-ST-ZIP **JERSEY CHANNEL ISLDS**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **700005393907--3**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

S. G. MALLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18/04/02
Date

941-366-0115
Daytime Phone #

CR2E034 (9/01)

282

ACCOUNT FILING COVER SHEET
WALK IN

ACCOUNT #: FCA000000014

CORPDIRECT AGENTS
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301
850-222-1173

CONTACT: Pam
DATE: 4-30-02
REF #: 0399.6370
CORP. NAME: Maywal of Venice, Inc

PLEASE FILE THE ATTACHED ANNUAL REPORT AND ISSUE A:

() CERTIFIED COPY ☒ PLAIN COPY () GOOD STANDING

PLEASE DEBIT OUR ACCOUNT IN THE AMOUNT OF \$ 150.00

AUTHORIZATION: Office