2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 18, 2000 8:00 am Secretary of State **DOCUMENT # \$79756** 1. Entity Name MAXWELL SYSTEMS, INC. 09-18-2000 90022 001 ***150.00 Principal Place of Business Mailing Address 1933 ARROWHEAD DRIVE NE 1933 ARROWHEAD DRIVE NE ST PETERSBURG FL 33703 ST PETERSBURG FL 33703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3087845 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAXWELL, LYNN E., JR. Street Address (P.O. Box Number is Not Acceptable) 1933 ARROWHEAD DRIVEE ST. PETERSBURG FL 33703 Zip Code City 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible . 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change Addition TITI F Delete TITLE MAXWELL, LYNN E., JR. NAME NAME STREET ADDRESS STREET ADDRESS 1933 ARROWHEAD DRIVE NE CITY-ST-ZIP CITY-ST-7IF ST. PETERSBURG FL 33703 Change ☐ Addition TITLE □ Delete TITLE MAXWELL, LYNN NAME NAME STREET ADDRESS 1933 ARROWHEAD DRIVE NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33703 Delete ☐ Change ☐ Addition TITLE MAXWELL, DEBORAH A 1933 ARROWHEAD DRIVE NE STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP ST PETERSBURG FL 33703 Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP , שיי ב Delete ביינ Delete ביינ TITLE ☐ Change Addition 9 3 m 8 1 m NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

HHachment DUX6750

MAXWELL SYSTEMS INC.

P.O. BOX 20645 ST. PETERSBURG, FLORIDA 33742

September 8, 2000

To whom it may concern:

I received a UBR Report saying I was late and that I had to pay more than my original payment. I sent a check in the first week of April 2000, for \$150.00 and it never got cashed. So I can only assume that somehow you did not receive the check. I called your office and explained what had happened and the woman who answered the phone told me to write and explain what happened. I am asking at this time that the penalty be waived due to the circumstances. I am enclosing a check again for \$150.00, the original amount owed. Thank you for your consideration, and I hope this is not a problem in the future.

Sincerely.

Lynn Maxwell