

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90041 027 ****55.00

DOCUMENT #
1. Entity Name
EARTHMAX SUPPORT CENTER LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9 BEVERLY PLACE
Suite, Apt. #, etc.
PALM COAST FL
City & State

3. Mailing Address
9 BEVERLY PLACE
Suite, Apt. #, etc.
PALM COAST
City & State

DO NOT WRITE IN THIS SPACE

Zip **32137** Country **USA**

Zip **32137** Country **USA**


4. FEI Number
59-3625450
Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **PAUL HARTMAN**
Street Address (P.O. Box Number, is Not Acceptable)
9 BEVERLY PLACE
PALM COAST
City **FL** Zip Code **32137**

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  DATE **2-19-02**
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME **Owner**
STREET ADDRESS **PAUL HARTMAN**
9 BEVERLY PLACE
CITY-ST-ZIP **PALM COAST FL 32137**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my Signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE **2-19-02** 386-446-3332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)