

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90758 017 ***150.00

DOCUMENT #	P02000077215	
1. Entity Name	MAD MAX AUTO PAINTING INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2749 TIFFANY DR	3. Mailing Address 2749 TIFFANY DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State NEW SMYRNA BEACH FL	City & State NEW SMYRNA BEACH FL	4. FEI Number 22-3859018	Applied For ☐ Not Applicable
Zip 32168	Country US	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

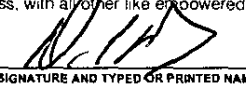
7. Name and Address of Current Registered Agent	
Name MONDAY, DEREK	
Street Address (P.O. Box Number is Not Acceptable) 2749 TIFFANY DR	
City NEW SMYRNA BEACH FL	Zip Code 32168

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MONDAY, DEREK 2749 TIFFANY DR NEW SMYRNA BEACH FL 32168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **DEREK C. MONDAY** **4-29-03** **386-690-8038**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)