

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90099 018 ***150.00

DOCUMENT # P99000064646

1. Entity Name
WELMAX MARINE USA, INC.

Principal Place of Business 2940 SW 42ND AVE. PALM CITY FL 34990	Mailing Address 2940 SW 42ND AVE. PALM CITY FL 34990-5573
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834233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 220 Lock Road	3. Mailing Address 220 Lock Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DEERFIELD BEACH	City & State DEERFIELD BEACH	4. FEI Number 65-0937357	Applied For Not Applicable
Zip 33442	Country USA	Zip 33442	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HAZELWOOD, MAXWELL G
2940 SW 42 AVE
PALM CITY FL 34950

7. Name and Address of New Registered Agent

Name **HAZELWOOD, MAXWELL G.**

Street Address (P.O. Box Number is Not Acceptable)
220 Lock Road

City **DEERFIELD BEACH FL** Zip Code **33442**

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]* **CEO/OWNER** DATE **4/7/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		<input type="checkbox"/> Delete
TITLE	D	
NAME	Maxwell G. Hazelwood	
STREET ADDRESS	3842 S. W. Coquina Cove Way	
CITY-ST-ZIP	Apartment #207 Palm City, Florida USA 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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 other like empowered.

SIGNATURE: *[Signature]* DATE: **4/7/00** DAYTIME PHONE #: **561-287-1935**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)