

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 412824

1. Entity Name
MAX HAUFE, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90028 004 ***150.00

Principal Place of Business 3080 N WASHINGTON BLVD SARASOTA FL 34243	Mailing Address 3080 N WASHINGTON BLVD SARASOTA FL 34234-6235
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1481536	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HAUFE, E.H.
9983 CHERRY HILLS AVE CIRCLE
BRADENTON FL 34202**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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, 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	PYME, K. A.	
STREET ADDRESS	13058 BARDMOOR ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HAUFE, SCOTT M.	
STREET ADDRESS	13438 LA PLACE CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	HAUFE, E. H.	
STREET ADDRESS	5040 COMMONWEALTH DR.	
CITY-ST-ZIP	SARASOTA FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 all other like empowered.

SIGNATURE: *[Signature]* **3-21-00** **941 355 1199**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)