

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90006 020 ***150.00

DOCUMENT # 412824

1. Entity Name

MAX HAUF, INC.

Principal Place of Business

**3080 N WASHINGTON BLVD
 SARASOTA FL 34243**

Mailing Address

**3080 N WASHINGTON BLVD
 SARASOTA FL 34234**

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

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAUFE, E.H.
 9983 CHERRY HILLS AVE CIRCLE
 BRADENTON FL 34202**

Name

HAUFE - E.H. MAX

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

3080 N. WASHING BLVD.

SARASOTA FL 34234

City

SARASOTA

FL

Zip Code
34234

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
 NAME **PT**
 STREET ADDRESS **PYME, K. A.**
 CITY-ST-ZIP **13058 BARDMOOR ST.
 TAMPA FL**

TITLE ☒ Change ☐ Addition
 NAME **PYME K.A.**
 STREET ADDRESS **9983 Cherry Hills Ave Circle**
 CITY-ST-ZIP **Bradenton FL 34202**

TITLE ☒ Delete
 NAME **VS**
 STREET ADDRESS **HAUFE, SCOTT M.**
 CITY-ST-ZIP **13438 LA PLACE CIRCLE
 TAMPA FL**

TITLE ☒ Change ☐ Addition
 NAME **VP GUY LAMARQUE**
 STREET ADDRESS **900 9th Ave. E., Lot 164**
 CITY-ST-ZIP **Palmetto, FL 34221**

TITLE ☐ Delete
 NAME **ASD**
 STREET ADDRESS **HAUFE, E. H.**
 CITY-ST-ZIP **5040 COMMONWEALTH DR.
 SARASOTA FL**

TITLE ☐ Change ☐ Addition
 NAME **ASD**
 STREET ADDRESS **HAUFE E. H. MAX**
 CITY-ST-ZIP **3080 N. WASHINGTON BLVD
 SARASOTA FL 34234**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)