2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT** # 588796 May 11, 2000 8:00 am Secretary of State 1. Entity Name MAX BOOKE OF FLORIDA, INC. 05-11-2000 90076 007 ***150.00 Principal Place of Business Mailing Address 105 N. FLORIDA AVE. P.O. BOX 189 HOWEY-IN-THE-HILLS, FL HOWEY-IN-THE HILLS, FL 34734 34734 C0088174 2. Principal Place of Business 3. Mailing Address 105 N. FLORIDA AVE. P.O. BOX 189 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number HOWEY-IN-THE-HILLS, FL 59-1857227 HOWEY-IN-THE-HILLS, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34734 USA 34734 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVID H. MCQUAIG, ATTORNEY 5515-3 PHILLIPS HIGHWAY Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32207 Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS TITLE XX Change ☐ Addition TITLE Delete P/T/D NAME NAME BOOKE, MAX STREET ADDRESS STREET ADDRESS 133 PARK SHORES CIRCLE, # 3E CITY-ST-ZIP CITI: ST-ZIP VERO BEACH FL 32963 ☐ Addition ☐ Delete TITLE XX Change TITLE V/S/D NAME BOOKE, MARLETTE H. STARE ADDRESS STREET ADDRESS 133 PARK SHORES CIRCLE, # 3E II. ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32963 Change Addition TITLE HILLE Delete NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition Oelete TITLE NAME 10000000 STREET ADDRESS CITY-ST-ZIP ST ZIP 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 attache ⊬ith an address, with⊷ MAX BOOKE 4/25/2000 CHATURE: