## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Apr 30, 2001 8:00 am Secretary of State DOCUMENT # F00000000201 1. Entity Name EMAXX.COM, INC. 04-30-2001 90416 012 \*\*\*150.00 Principal Place of Business Mailing Address 2093 PINE RIDGE RD. 2093 PINE RIDGE RD. NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address 2097 Pine Ridge Road 2097 Pine Ridge Road Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 36-4275749 Naples, FL 34109 Not Applicable Naples, FL 34109 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required **USA** 34109 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSSI, MARK A Martin Abt Street Address (P.O. Box Number is Not Acceptable) 2093 PINE RIDGE RD. 2097 Pine Ridge Road NAPLES FL 34109 City Zip Code Naples 34109 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. Martin Abt, Registered Agent ignature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and clects to do so. After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS TITLE TIME **XX**Delete Pres/Dir ABT, MARTIN C NAME NAM8 Paul Yarmolich 2097 PINE RIDGE RD. STREET ADDRESS STREET ADDRESS 2097 Pine Ridge Road NAPLES FL 34109 CITY-ST-ZIP CITY - ST - ZIP Naples, FL 34109 VCS TITLE ... Delete Change Addition Sec//Dir SWIGGER, JAMES NAME NAME Michael Dirmeikis 2097 PINE RIDGE RD. STREET ADDRESS STREET ADDRESS 2097 Pine Ridge Road NAPLES FL 34109 CITY SY- 7P CITY-ST-ZIP Naples, FL 34109 XX Delete TITLE TITLE Treas ☐ Change Addition ABT, DOUGLAS M NAME NAME Michael Goldstein 2097 PINE RIDGE RD. STREET ADDRESS STREET ADDRESS 2097 Pine Ridge Road NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34109 Change Addition TITLE **XX**Delete TITLE VP/Dir ROSSI, MARK A NAME NAME R. Eric Ginn 2093 PINE RIDGE RD. STREET ADDRESS STREET ADDRESS 2097 Pine Ridge Road Naples, FL 34109 NAPLES FL 34109 CITY-ST-ZiP CITY - ST- ZIP 🛛 Delete ☐ Change ☐ Addition TITLE TITLE VANDEVOR, CHARLES T NAME NAME James B. Mcwethy 2097 PINE RIDGE RD. STREET ADDRESS STREET AGDRESS 2097 Pine Ridge Road Naples, FL 34109 NAPLES FL 34109 CITY-ST-ZIP CHY-ST-7:P Change Addition Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 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 logal 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 a other like empowered.

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR