

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90040 016 \*\*\*150.00

**DOCUMENT # F00000000201**

1. Entity Name  
**EMAXX.COM, INC.**

Principal Place of Business

**2097 PINE RIDGE RD.  
 NAPLES FL 34109  
 US**

Mailing Address

**2097 PINE RIDGE RD.  
 NAPLES FL 34109  
 US**

2. Principal Place of Business

**2900 14th St. N**

3. Mailing Address

**2821 Fairfield Ave**

Suite, Apt. #, etc.

**Ste 45**

Suite, Apt. #, etc.

**Ste B**

City & State

**Naples, FL**

City & State

**Lombard, IL**

Zip

**34103**

Country

**Collier**

Zip

**60148**

Country

**Dupage**

4. FEI Number

**36-4275749**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ABT, MARTIN  
 2097 PINE RIDGE ROAD  
 NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name

**ABT, Martin**

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

**2900 14th St. N Ste 45**

City

**Naples**

**FL**

Zip Code

**34103**

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]*

**1-9-01**

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

TITLE ☒ Delete  
 NAME **PD YARMOLICH, PAUL**  
 STREET ADDRESS **2097 PINE RIDGE RD.**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete  
 NAME **SD DIRMEIKIS, MICHAEL**  
 STREET ADDRESS **2097 PINE RIDGE RD.**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete  
 NAME **T GOLDSTEIN, MICHAEL**  
 STREET ADDRESS **2097 PINE RIDGE RD.**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete  
 NAME **VD GINN, R E**  
 STREET ADDRESS **2097 PINE RIDGE ROAD**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete  
 NAME **D MCWETHY, JAMES B**  
 STREET ADDRESS **2097 PINE RIDGE RD.**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
 NAME **PTD Dirmeikis, Michael**  
 STREET ADDRESS **2821 S. Fairfield Ave, Ste B**  
 CITY-ST-ZIP **Lombard, IL 60148**

TITLE ☒ Change ☐ Addition  
 NAME **S Goldstein, Michael**  
 STREET ADDRESS **2821 S. Fairfield Ave, Ste B**  
 CITY-ST-ZIP **Lombard, IL 60148**

TITLE ☒ Change ☐ Addition  
 NAME **VD GINN, R. ERIC**  
 STREET ADDRESS **2821 S. Fairfield Ave, Ste B**  
 CITY-ST-ZIP **Lombard, IL 60148**

TITLE ☒ Change ☐ Addition  
 NAME **D McWethy, James B**  
 STREET ADDRESS **2821 S. Fairfield Ave, Ste B**  
 CITY-ST-ZIP **Lombard, IL 60148**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/7/02**

Daytime Phone #

**630.663.8800**

CR20034 (9/01)