

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91328 003 ***150.00

DOCUMENT # F00000000201

1. Entity Name

EMAXX.COM, INC.



Principal Place of Business

2900 14TH ST N
STE 45
NAPLES FL 34103
US

Mailing Address

2821 FAIRFIELD AVE
STE B
LOMBARD IL 60148
US

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 36-4275749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABT, MARTIN
2900 14TH ST N
STE 45
NAPLES FL 34103

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME DIRMEIKIS, MICHAEL ☐ Delete
STREET ADDRESS 2821 S FAIRFIELD AVE STE B
CITY-ST-ZIP LOMBARD IL 60148

TITLE President & Director ☒ Change ☐ Addition
NAME Dirmeikis, Michael
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME GOLDSTEIN, MICHAEL
STREET ADDRESS 2821 S FAIRFIELD AVE STE B
CITY-ST-ZIP LOMBARD IL 60148

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

TITLE D ☐ Delete
NAME GINN, R E
STREET ADDRESS 2821 S FAIRFIELD AVE STE B
CITY-ST-ZIP LOMBARD IL 60148

TITLE VP, Sec. & Director ☒ Change ☐ Addition
NAME Ginn, R. Eric
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer ☐ Change ☒ Addition
NAME Carroll, Rodney
STREET ADDRESS 2821 S. Fairfield Ave., Suite B
CITY-ST-ZIP Lombard, IL 60148

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodney Carroll, Treasurer

Date

Daytime Phone #

CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment#

DOCUMENT # **F00000000201**

1. Entity Name
EMAXX.COM, INC.



Principal Place of Business
**2900 14TH ST N
STE 45
NAPLES FL 34103
US**

Mailing Address
**2821 FAIRFIELD AVE
STE B
LOMBARD IL 60148
US**

80095676

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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**ABT, MARTIN
2900 14TH ST N
STE 45
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

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City

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Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **DIRMEIKIS, MICHAEL**
STREET ADDRESS **2821 S FAIRFIELD AVE STE B**
CITY-ST-ZIP **LOMBARD IL 60148**

TITLE **S** ☒ Delete
NAME **GOLDSTEIN, MICHAEL**
STREET ADDRESS **2821 S FAIRFIELD AVE STE B**
CITY-ST-ZIP **LOMBARD IL 60148**

TITLE **D** ☐ Delete
NAME **GINN, R E**
STREET ADDRESS **2821 S FAIRFIELD AVE STE B**
CITY-ST-ZIP **LOMBARD IL 60148**

TITLE **D** ☐ Delete
NAME **MCWETHY, JAMES B**
STREET ADDRESS **2821 S FAIRFIELD AVE STE B**
CITY-ST-ZIP **LOMBARD IL 60148**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President & Director** ☒ Change ☐ Addition
NAME **Dirmeikis, Michael**

TITLE ☐ Change ☐ Addition

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

TITLE **VP, Sec. & Director** ☒ Change ☐ Addition
NAME **Ginn, R. Eric**

TITLE ☐ Change ☐ Addition

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

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Carroll, Rodney**
STREET ADDRESS **2821 S. Fairfield Ave., Suite B**
CITY-ST-ZIP **Lombard, IL 60148**

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

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SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodney Carroll, Treasurer

Date

Daytime Phone #