

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90055 021 \*\*\*150.00

062434 AT

**DOCUMENT # F84940**

1. Entity Name

**MAX DAVIS ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**1501 NORTHPOINT PKWY.  
 SUITE 104  
 WEST PALM BEACH FL 33407  
 US**

**PO BOX 3935  
 SOUTH BEND IN 46619  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1101 NORTHPOINT PKWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE B**

City & State

City & State

**WEST PALM BEACH FL**

Zip

Country

Zip

Country

**33407**

**US**

4. FEI Number

**59-2207359**

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

**CARLILE, REX**

**1501 NORTHPOINT PKWY.**

**SUITE 104**

**WEST PALM BEACH FL 33407**

Name

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

**1101 NORTHPOINT PKWY**

**SUITE B**

City

**WEST PALM BEACH**

**FL**

Zip Code

**33407**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>CARLILE, REX</b> <b>2612 FOUNDATION DRIVE</b> <b>SOUTH BEND IN 46628</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>CARLILE, HELEN</b> <b>2612 FOUNDATION DRIVE</b> <b>SOUTH BEND IN 46628</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CARLILE, DONALD</b> <b>2612 FOUNDATION DRIVE</b> <b>SOUTH BEND IN 46628</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CARLILE, DEAN</b> <b>2612 FOUNDATION DRIVE</b> <b>SOUTH BEND IN 46628</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RIGGS, DAVID</b> <b>2612 FOUNDATION DRIVE</b> <b>SOUTH BEND IN 46628</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>RIGGS, KATHY</b> <b>2612 FOUNDATION DRIVE</b> <b>SOUTH BEND IN 46628</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Max Davis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5-02**

Date

**574.288.2113**

Daytime Phone #

CR2E034 (9/01)