

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90814 045 ***150.00

0667015 AB

DOCUMENT # F84940

1. Entity Name
MAX DAVIS ASSOCIATES, INC.



Principal Place of Business
**1101 NORTHPOINT PKWY.
SUITE B
WEST PALM BEACH FL 33407
US**

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



2. Principal Place of Business
1101 NORTHPOINT PKWY

3. Mailing Address
PO BOX 3968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

City & State
WEST PALM BEACH FL

City & State
SOUTH BEND IN

4. FEI Number **59-2207359**

Applied For
Not Applicable

Zip Country
33407 USA

Zip Country
46619 USA

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

**CARLILE, REX
1101 NORTHPOINT PKWY
SUITE B
WEST PALM BEACH FL 33407**

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 _____ (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 **C** ☐ Delete
NAME **CARLILE, REX**
STREET ADDRESS **2612 FOUNDATION DRIVE**
CITY-ST-ZIP **SOUTH BEND IN 46628**

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

TITLE **VC** ☐ Delete
NAME **CARLILE, HELEN**
STREET ADDRESS **2612 FOUNDATION DRIVE**
CITY-ST-ZIP **SOUTH BEND IN 46628**

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

TITLE **P** ☐ Delete
NAME **CARLILE, DONALD**
STREET ADDRESS **2612 FOUNDATION DRIVE**
CITY-ST-ZIP **SOUTH BEND IN 46628**

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

TITLE **V** ☐ Delete
NAME **CARLILE, DEAN**
STREET ADDRESS **2612 FOUNDATION DRIVE**
CITY-ST-ZIP **SOUTH BEND IN 46628**

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

TITLE **V** ☐ Delete
NAME **RIGGS, DAVID**
STREET ADDRESS **2612 FOUNDATION DRIVE**
CITY-ST-ZIP **SOUTH BEND IN 46628**

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

TITLE **ST** ☐ Delete
NAME **RIGGS, KATHY**
STREET ADDRESS **2612 FOUNDATION DRIVE**
CITY-ST-ZIP **SOUTH BEND IN 46628**

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 line empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03

574-288-2113

Date Daytime Phone #

CR2E034 (10/02)