2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # J27319 1. Entity Name 04-09-2002 90007 009 ***163.75 MAX INDUSTRIES OF SARASOTA, INC. Principal Place of Business Mailing Address 4182 PRAIRIE VIEW DRIVE 4182 PRAIRIE VIEW DRIVE SARASOTA FL 34232 SARASOTA FL 34232 US us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2723613 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANDELL: BRAD SANFORD ----Street Address (P.O. Box Number is Not Acceptable) 4182 PRAIRIE VIEW DRIVE SARASOTA FL 34232 City 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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 elects to do so. After May 1, 2002 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 12. CR2E034 (9/01 TITLE PASD ☐ Delete TITLE ☐ Change Addition NAME Mandell, Saul NAME 4182 PRAIRIE VIEW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34232 TITLE ☐ Delete TITLE Change ☐ Addition NAME ihoward, wendy NAME STREET ADDRESS 4182 PRAIRIE VIEW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 TITLE ☐ Delete TITLE Change ☐ Addition NAME MANDELL, EVELYN NAME STREET ADDRESS STREET ADDRESS 4182 PRAIRIE VIEW DRIVE CITY-ST-71P CITY-ST. ZIR SARASOTA FL 34232 TITLE ☐ Delete TITLE [7] Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 legal effect as if made under eath; 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 chapted or on an attachment with an address. With all eath or like purpowered.