## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: \_

DOCUMENT # J50143  1. Entity Name MAX BALLOON, INC.								i	AMER	De	$\mathcal{D}$	
Principal Plac 255 PRIMERA SUITE 332 LAKE MARY F US	BOULEVARD	255 PI Suite Lake	Mailing Address 255 PRIMERA BOULEVARD SUITE 332 LAKE MARY FL 32746 US				O TÀ	SECRETARY OF	STATE TORIDA			
2. Principal Place of Business 2170 S.R. 434 West				3. Mailing Address 2170 S. R. 434 West					i Padikka diak akikk dibebi ka -	H BIBBB IIII BIBI	#18() B(B)( B(B)( #	i
Suite, Apt. Suite	210	St	Suite, Apt. #, etc. Suite 210					СНЕСК НЕ	ERE IF MAKIN			
City & State Longwood, Florida			Lo	City & State Longwood, Florida				4. FE	El Number <b>59-2830</b> 3	313	<u> </u>	oplied For ot Applicable
Zip 32779	32779 Seminole			Zip Count 32779 Semi			ole 5. Certificate of Status Des			Fee Required		
<del>,-</del>	6. Name	and Address of Current	Registere	gistered Agent			7. Name and Address of New Registered Agent Name					
BEYER, DAVID A						Street A	ddress (F	P.O. Bo	x Number is Not Accept	able)		
PIPER MARBURY RUDNICK & WOLFE LLP 101 E. KENNEDY BLVD., #2000										<del></del>		
tampa fl			City				F	L Zip Cod	le			
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												
After	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o				9. Election Campaig Trust Fund Contrib			0 May Be				
10.		OFFICERS AND		RS	11.			ADD	DITIONS/CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	255 PRIME	erger, glenda Fra Boulevard Ste By Fl 32746	332	☐ Delete			2170	S.R	erger, Glenda R. 434 West, I, FL 32779	Ste. 21	, <b>©</b> Change O	☐ Addition
TITLE NAME	PSDT HACHENB 255 PRIME	ERGER, DONALD J. FRA BOULEVARD STE BY FL 32746	332	☐ Delete	TITLE NAME STREE	<del></del>	PSDT Hach 2170	enbe S.R	erger, Donald R. 434 West, I. FL 32779		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			Liong	<u> </u>	70002	2179	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete	•				08/08/0301	07200	2 <b>□•••</b> 64.	. da Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							☐ Change	Addition
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:   S												