

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90215 011 \*\*\*150.00

**DOCUMENT # K64525**

1. Entity Name  
**MAXCAT, INC.**

Principal Place of Business	Mailing Address
% MAX CROSS 2260 MAGANS OCEANWALK VERO BCH: FL 32963 US	% MAX CROSS 2260 MAGANS OCEANWALK VERO BCH FL 32963 US

2. Principal Place of Business <i>2100 Oyster Bay Dr</i>	3. Mailing Address <i>2100 Oyster Bay Dr</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>VERO BEACH, FL</i>	City & State <i>VERO BEACH, FL</i>
Zip <i>32963</i>	Zip <i>32963</i>
Country <i>INDIAN RIVER</i>	Country <i>INDIAN RIVER</i>

4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**CROSS, MAX**  
**2260 MAGNUS OCEAN WALK**  
**VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name *CROSS, MAX*  
Street Address (P.O. Box Number is Not Acceptable)  
*2100 Oyster Bay Dr*  
City *VERO BEACH* FL Zip Code *32963*

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 *MAX CROSS* *[Signature]* *4-01-02*  
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>D</b> <b>CROSS, MAX</b> <b>100 N 26TH ST</b> <b>FT PIERCE FL</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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **MAX CROSS** *4-01-02*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #