

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 % MAX CROSS 2260 MAGANS OCEANWALK VERO BCH:FL 32963 US	Mailing Address % MAX CROSS 2260 MAGANS OCEANWALK VERO BCH FL 32963 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2100 Oyster Bay Dr Suite, Apt. #, etc.	3. Mailing Address 2100 Oyster Bay Dr Suite, Apt. #, etc.
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City & State VERO BEACH, FL	City & State VERO BEACH, FL
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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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Zip 32963	Country FLORIDA RIVER	Zip 32963	Country FLORIDA RIVER
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CROSS, MAX 100 N 26TH ST FT PIERCE FL	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
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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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

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 #

UBR 03/01/02

CR 03/01/02