M RUSINESS REPORT (UBR)

Findings Place of Rusiness Making Address Making Address 200 MAGNIS OCEANMAIX 200 M	2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # K64525 1. Entity Name MAXCAT, INC.							FILED Apr 30, 2002 8:00 a Secretary of State 04-30-2002 90215 011 ***150.00					
CRUS & State CROSS, MAX 2280 MAGNUS OCEAN WALK VERO BEACH FL 2283 CROSS, MAX 2280 MAGNUS OCEAN WALK VERO BEACH FL 2283 CROSS, MAX 2280 MAGNUS OCEAN WALK VERO BEACH FL 2283 CROSS MAX 2280	% MAX CROSS 2260 MAGANS VERO BCH:FL US 2. Principal Pla	OCEANWALK 32963 ace of Business	_ ` ` '	% MAX CROSS 2260 MAGANS OCEANW VERO BCH FL 32963 US		Bay Dr							
CROSS, MAX 2280 MAGNUS OCEAN WALK VERO BEACH FL 32963 8. The above named entity submits this statement for the purpose of changing its implicated office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its implicated office or registered agent, or both, in the State of Florida. 8. In above named entity submits this statement for the purpose of changing its implication of the purpose of the purpo	City & State	BONO.4		City & State UPR 0 (3P)	Count		<u> </u>		NOT APPL	ICABLE	App Not \$8.75 Addi	Applicable]
SIGNATURE Signature, speed or pretent rare at regitients depend and rither supcleases. NOTE Regitients Agent separate rediction of pretent rare at regitients of satisfy its intrangible Tax illing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fe	2260 MAG VERO BEA	IAX INUS OCEAN WA ACH FL 32963	ALK	egistered Agent		Street Addres	059 s (P.O. Bo	DX Number is	Not Acceptable R DAY	le) トウト、 FI		763	a
TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-Z	SIGNATURE	MAK Signature, typed or printed ration is eligible to sequirement and ele	CROSS I name of registered agent and satisfy its Intangible cts to do so.	FILE NOW After May 1, 2 Make Check Paya	ITE: Registere /!!! FEE 002 Fee able to De	S Agent signature requires \$150.00 will be \$550.00	ired when rei	nstating) 10. Electic Trust F	on Campaign Found Contribut	DATE inancing ion.	\$5.00 Added	to Fees	
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TITLE NAME STREET ADDRESS 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 add 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.	TITLE NAME STREET ADDRESS			☐ Delete	NAM STR	ME EET ADDRESS	,				☐ Change	Addition	
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	13. Thereby o	certify that the information this report or surporation or the record, or on an attachme	mation supplied with upplemental report is eiver or trustee emporant with an address, w	this filing does not qualify true and accurate and tha wered to execute this repr with all other like empowers	for the exe at my signa ort as requ ed.	ired by Chapter	607, Flori	ida Statutes;	Florida Statute s if made undeand that my na	s. I further out	certify that the i t I am an officer s in Block 11 o	nformation or director r Block 12 if	