

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K72429

1. Entity Name

MAY PRODUCTS, INC.

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**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90003 033 \*\*\*150.00

Principal Place of Business

% BRENT MAY  
9321 LAUREL GREEN DR  
BOYNTON BEACH FL 33437

Mailing Address

% BRENT MAY  
9321 LAUREL GREEN DR  
BOYNTON BEACH FL 33437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0107473

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAY, BRENT  
9321 LAUREL GREEN DR  
BOYNTON BEACH FL 33437

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME MAY, BRENT  
STREET ADDRESS 2606 FLORIDA ST  
CITY-ST-ZIP W PALM BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
BRENT MAY

Date

Daytime Phone #

(561) 714-0965

Attachment  
7-7-00 DHK72429  
PLW69939

To whom it may concern:

Enclosed is my UBR with  
Payment of \$150<sup>00</sup> as agreed per  
Phone conversation.

~~And~~ My UBR has been  
ON time for the LAST 10 YEARS  
AND would be ON time if I would  
HAVE RECEIVED NOTICE.

I DID NOT RECEIVE A UBR  
PRIOR TO 7-6-00 WHEN THEY  
SAID 2<sup>ND</sup> NOTICE.

PLEASE ACCEPT THE 150<sup>00</sup>  
AS FULL PAYMENT SINCE I NEVER  
RECEIVED THE REPORT PRIOR TO 7-6-00.

THANK YOU.

Best Mg, Director

MAY PRODUCTS, INC.