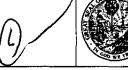
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K97930 DOCUMENT #

1. Entity Name

MAX-A-MILLION PROPERTIES, INC.



			V.	
Principal Place of Business PAUL H. OSBOURNE 1741 MISSOURI AVENUE SANFORD FL 32771 US		Mailing Address PAUL H. OSBOURNE 1741 MISSOURI AVENUE SANFORD FL 32771 US		
2. Principal Place of Business		3. Mailing Address		_
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		_
Zip	Country	Zip	Country	

Aug 29, 2003 8:00 am Secretary of State

08-29-2003 90087 003 ***158.75



☐ CHECK HERE IF MAKING CHANGES Applied For 65-0149239 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OSBOURNE. PAUL H. Street Address (P.O. Box Number is Not Acceptable) 1741 MISSOURI AVENUE SANFORD FL 32771 City 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. 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 FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 9. Election Campaign Financing After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Addition OSBORNE, PAUL H. NAME NAME 1741 MISSOURI AVE STREET ADDRESS STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Flock 13 if changed, or on an attachment

Attachment

90153148 #K97930

voice Received fron to May 1 By Mail. I should have mot A. Millow