## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 08, 2001 8:00 am DOCUMENT # P0000002271 **Secretary of State** EMPLOYMAX.COM, INC. 03-08-2001 90089 047 \*\*\*150.00 Principal Place of Business Mailing Address 2907 WEST BAY DRIVE 2907 WEST BAY DRIVE BELLAIR BLUFFS FL 33770 BELLAIR BLUFFS FL 33770 726654 2. Principal Place of Business 3. Mailing Address 1704 Clearwater-L 1704 Clearwater-Largo Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SIE F2 City & State City & State 4. FEI Number Applied For 22-3434828 Clearwater Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLORIDA INCORPORATORS, INC. Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVENUE SUITE 900 MIAMI FL 33131 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Change TITLE ☐ Delete DiPalo AL 1704 Clearmater-Largo Rd DIPALO, AL NAME NAME STREET ADDRESS 2907 WEST BAY DRIVE STREET ADDRESS clear water, FL 33756 CITY-ST-ZIP **BELLAIR BLUFFS FL 33770** CITY-ST-ZIP DiPalo, rictoria 1704 Clearwater Largo Rd Clearwater, FL 33756 TITLE ☐ Change TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 ☐ Delete ☐ Change ☐ Addition TITLE 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 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.

YPED OR PRINTED NAME OF SIGNING OFFICEI

FILED