

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 06, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000060058**1. Entity Name
ESTATEMAX, INC.**Principal Place of Business**

5319 ARCHSTONE DRIVE, #306

TAMPA
33634

FL

Mailing Address

5319 ARCHSTONE DRIVE, #306

TAMPA
33634

FL

2. Principal Place of Business

5319 ARCHSTONE DRIVE,

Suite, Apt. #, etc.
#306City & State
TAMPA

FL

Zip
33634

Country

3. Mailing Address

5319 ARCHSTONE DRIVE

Suite, Apt. #, etc.
#306City & State
TAMPA

FL

Zip
33634

Country

4. FEI Number**59-3655560**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCORNISH MARK
5319 ARCHSTONE DRIVE, #306TAMPA
33634

FL

US

7. Name and Address of New Registered Agent

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)

09/06/2001

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 \$150.00****After MAY 1, 2001 Fee will be \$550.00****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**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORNISH MARK W
STREET ADDRESS	5319 ARCHSTONE DRIVE, #306
CITY-ST-ZIP	TAMPA FL 33634
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORNISH WILLIAM H
STREET ADDRESS	5319 ARCHSTONE DRIVE, #306
CITY-ST-ZIP	TAMPA FL 33634
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Mark W. Cornish

C

09/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)