2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2001 8:00 am Secretary of State DOCUMENT # P00000107580 1. Entity Name REDMAX, INC. 05-07-2001 90042 017 ***150.00 Principal Place of Business Mailing Address 2310 OCEAN DRIVE 2310 OCEAN DRIVE VERO BEACH FL 32963 VERO BEACH FL 32963 80048334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1055429 Not Applicable Zip Country --Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CALDWELL, WILLIAM W Street Address (P.O. Box Number is Not Acceptable) 756 BEACHLAND BLVD VERO BEACH FL 32963 City Zip Code FL 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 DATE 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President/Secretary/Director □ Change TITLE TITLE ☐ Delete NAME Richard E. Dillon NAME STREET ADDRESS STREET ADDRESS 2310 Ocean Drive CITY-ST-ZIP CITY-ST-ZIP Vero Beach, FL 32963 ☐ Change X Addition ☐ Delete TITLE Vice President/Director TITLE NAME NAME Donald Levandowski STREET ADDRESS STREET ADDRESS 1641 S. Perimeter Road, Hanger 34 CITY-ST-ZIP CITY-ST-7IP Fort Lauderdale, FL 33309 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE

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 t with an address, with all other like empowe

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

TYPED OF PRINTED NAME OF SIGNING OF A DILLON, President

4/30/01

561/234-8021

Daytime Phone #