FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 15, 2002 8:00 am Secretary of State P00000115005 DOCUMENT # 1. Entity Name 05-15-2002 90002 010 ***158.75 SERVI-MAX EXPRESS, INC. Mailing Address Principal Place of Business 6050 34TH ST W #1103 6050 34TH ST W #1103 **BRADENTON FL 34210 BRADENTON FL 34210** 2. Principal Place of Business 3. Mailing Address 53RD AVE.W. 53 RD AVE. 4232 Suite: Apt::#::ete::: DO NOT WRITE IN THIS SPACE. Same Apt-#-ele 2516 2516 Applied For City & State 4. FEI Number City & State 65-1077932 BRADENTON FL. . Not Applicable BRADENTON Country U.S.A. \$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 BENUCCI, ROBERTO E Street Address (P.O. Box Number is Not Acceptable) 6050 34TH ST W #1103 **BRADENTON FL 34210** 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Change ☐ Addition BENUCCI, ROBERTO E 0P Delete TITLE TITLE NAME 4232 53RD AVE W. # 2516 NAME BENUCCI, ROBERTO E STREET ADDRESS 6050 34TH ST W #1103 STREET ADDRESS BRADENTON FL. 34210 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34210** ☐ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

DUNING OF BEING D NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

04/25/2002 (9

41) 7567734

Change

☐ Addition