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**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO1000000456
1. Entity Name
MAXIMUM ACHIEVEMENT INC.

FILED
02 OCT -1 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300008211669--1
-10/04/02--01062--021
****150.00 ****150.00
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1045 EAST ATLANTIC AVE</u> Suite, Apt. #, etc. <u>SUITE 300</u> City & State <u>DELRAY BEACH, FL.</u> Zip <u>33483</u> Country <u>U.S.A.</u>		3. Mailing Address <u>P.O. Box 1701</u> Suite, Apt. #, etc. City & State <u>DELRAY BEACH FLORIDA</u> Zip <u>33447</u> Country <u>U.S.A.</u>	
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4. FEI Number <u>65-1063830</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name PAUL E ADAMS
Street Address (P.O. Box Number is Not Acceptable)
1045 EAST ATLANTIC AVE SUITE #300
City DELRAY BEACH, FL Zip Code 33483

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) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR - PRESIDENT</u> <u>DAVID M. MITCHELL</u> <u>P.O. Box 1701</u> <u>DELRAY BEACH, FL. 33447</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: David M. Mitchell DAVID M. MITCHELL 561-265-7285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
9.27.02 Date
Daytime Phone #

CR2E034B (12/01)

2 of 2

PAUL E. ADAMS Certified Public Accountant

FORMERLY WITH THE INTERNAL REVENUE SERVICE

September 13, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Doc #P01000000456

Dear Sir or Madam:

Mr. David Mitchell came to my office to complete some corporate filings and we determined that he did not pay the required fee of \$150.00 for Maximum Achievement Inc. in 2002. Please accept Check #1288 in the amount of \$150.00 for the 2002 UBR. Mr. Mitchell states that he did not receive any reports from the State of Florida. Please insure that any correspondence is sent to Maximum Achievement Inc. at P.O. Box 1701, Delray Beach, Florida 33483.

Thank you in advance for your assistance. If you have any other questions please feel free to contact our office.

Sincerely,



Paul E. Adams CPA

Member
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants