2002 UNIFORM BUSINESS REPORT (UBR)

Jul 09, 2002 8:00 am Secrétary of State P01000040152 **DOCUMENT#** 1. Entity Name 01-15-2002 90041 047 ***150.00 NITTOMAX, INC. 07-09-2002 90017 023 ***550.00 Principal Place of Business Mailing Address 7522 GREENVILLE CT. 7522 GREENVILLE CT. LAKE WORTH FL 33467 LAKE WORTH FL 33467 :: 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 25-1091624 Not Applicable Zip Country Country Zip \$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 14400 Darlenc NITTOLO, ROBERT Street Address (P.O. Box Number is Not Acceptable) 7522 GREENVILLE CT. LAKE WORTH FL 33467 Green Wille Circle City Zip Code <u> 3346</u>7 8. The above named ent se of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regi **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) e it applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **D**elete President TITLE President TITLE ☐ Addition Darlene Wittdo NAME NAME Robert Nittedo STREET ADDRESS 7522 Greenville Circle STREET ADDRESS 7533 Greenville Carde CITY-ST-ZIP CITY-ST-ZIP Lakeworth, PL. 37467 Lake Worth, FL. 33467 TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ■ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS 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 a factor of 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 exempt a supplemental report is true. changed, or on an attachment

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Delete

☐ Change

☐ Addition

FILED

CR2E034 (4/02)