2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State
03-27-2003 90116 046 ***150.00

DOCUMENT # P01000062457

1. Entity Name
MAXIMIZE INC.

Principal Place of Business	Mailing Address
4845 50TH ST. WEST 1507 BRADENTON, FL 34210	4845 50TH ST. WEST 1507 BRADENTON, FL 34210

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1026 92ND ST. NW	1026 92ND ST. NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRADENTON, FL	City & State: BRADENTON, FL
Zip: 34209 Country: MANATEE	Zip: 34209 Country: MANATEE

4. FEI Number: 59-3725313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVIN, BENJIE P
4845 50TH ST. WEST, APT. 1607
BRADENTON, FL 34210

7. Name and Address of New Registered Agent

Name: LEVIN, BENJIE PAULA
Street Address (P.O. Box Number Is Not Acceptable): 1026 92ND ST, NW
City: BRADENTON FL Zip Code: 34209

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Benjie Paula Levin DATE: 3-25-03
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: LEVIN, BENJIE P STREET ADDRESS: 4845 50TH ST. WEST, APT. 1507 CITY-ST-ZIP: BRADENTON, FL 34210	☐ Delete	TITLE: DIRECTOR / PRESIDENT NAME: LEVIN, BENJIE PAULA STREET ADDRESS: 1026 92ND ST, NW CITY-ST-ZIP: BRADENTON, FL, 34209	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Benjie Paula Levin 3-25-03 941-795-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #