

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

1cel2

DOCUMENT # P01000068351

1. Entity Name

Maximum Torque Engines, Inc.

FILED

02 DEC 18 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

988 Spring St. NW

Suite, Apt. #, etc.

3. Mailing Address

988 Spring St. NW.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Bay, Florida

City & State

Palm Bay, Florida

4. FEI Number

59-3733062

Applied For

Not Applicable

Zip

32907

Country

USA

Zip

32907

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jeffrey W. Starke

Street Address (P.O. Box Number is Not Acceptable)

988 Spring St. NW

City

Palm Bay

FL

Zip Code

32907

DO NOT WRITE
IN THIS SPACE

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 of Current Registered Agent and Officer or Director

(NOTE: Registered Agent signature required when changing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

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

☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

President

NAME

Jeffrey W. Starke

STREET ADDRESS

988 Spring St. NW

CITY-STATE-ZIP

Palm Bay, FL 32907

TITLE

Vice President

NAME

Maria Starke

STREET ADDRESS

988 Spring St. NW

CITY-STATE-ZIP

Palm Bay, FL 32907

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

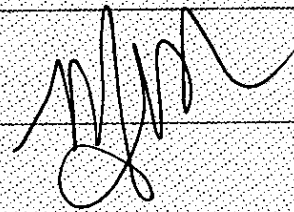
TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DO NOT WRITE
IN THIS SPACE



13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(5)(b), 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 207, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria Starke Maria Starke

12/6/02

321-725-9088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filing #

CR2E034B (12/01)

2212

MAXIMUM TORQUE ENGINES, INC.

988 Spring Street, NW Palm Bay, FL 32907

Phone 321-409-2929 Fax 321-409-2936

www.maxtengines.com

December 6, 2002

Michelle Milligan

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Re: FEI Number 59-3733062

Document # P01000068351

Dear Ms. Milligan,

I am enclosing the UBR form along with a check for \$150.00, and a copy of Jeffrey Starke's orders, for reinstatement of our Corporation. I was told by the Department of Revenue that since my husband, Jeffrey W. Starke, the President of the Corporation, was called on Military Active Duty Orders that all our corporate filings would be froze till his return. I now find out that our Corporation went into inactive status and need to reactivate it. If there are any further requirements, please contact me. Thank you.

Regards,

Maria Starke

Maria Starke
Officer

* Per Maria on 12/18/02. The original reports were never received as well.

**Florida Department of State
Division of Corporations
Public Access System**

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000238814 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

ALVARO HERVIN SKUPIN, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$2,100.00