2002 UNIFORM BUSINESS REPORT (UBR)

May 30, 2002 8:00 am Secretary of State **DOCUMENT #** P01000072677 05-09-2002 90069 042 ***150.00 1. Entity Name CKS-MANATEE MAX BRADENTON, INC. Principal Place of Business Mailing Address 12526 ROCKROSE GLEN 12526 ROCKROSE GLEN BRADENTON FL 34202 BRADENTON FL 34202 2. Principal Place of Business 5972 146 St 3. Mailing Address BIZ3 LONE Pres 612 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Cilv & State City & State Applied For 4. FFI Number BrAJENTUM \mathcal{U}_{P} BrADE 105-11.09609 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired marates 38202 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KING, CLIFFORD M Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET, SUITE 303 SARASOTA FL 34237 City Zip Code 8. The above name entity subthits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating 9. This corporation is digible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete CR2E034 (9/01) Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP TITLE ☐ Detete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleta ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 changed, or on an attachment with an address, with all other like enjoyments. On an attachment with an address, with all other like enjoyments.

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