


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0497345 AV

|   |   |
|---|---|
| <b>DOCUMENT #</b> P01000088784            |  |
| <b>1. Entity Name</b><br>MOREPENMAX, INC. |   |

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|--|--|
| <b>Principal Place of Business</b><br>12505 STARKEY ROAD SUITE A<br>LARGO FL 33773 | <b>Mailing Address</b><br>12505 STARKEY ROAD SUITE A<br>LARGO FL 33773 |
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|---|---|
| <b>2. Principal Place of Business</b><br>25400 US Hwy 19 N<br>Suite, Apt. #, etc. Suite 137<br>City & State Clearwater FL<br>Zip 33763 Country Pinellas | <b>3. Mailing Address</b><br>25400 US Hwy 19 N<br>Suite, Apt. #, etc. Suite 137<br>City & State Clearwater FL<br>Zip 33763 Country Pinellas |
|---|---|

☐ CHECK HERE IF MAKING CHANGES

|  |   |
|--|---|
| <b>4. FEI Number</b> 80-0025804  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                               |   |
| <b>6. Name and Address of Current Registered Agent</b><br>YADLEY, GREGORY C<br>101 E KENNEDY BLVD SUITE 2800<br>TAMPA FL 33602       |   |
| <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |   |

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

| 10. OFFICERS AND DIRECTORS                            |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|---|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>SURI, SUSHIL<br>12505 STARKEY ROAD SUITE A<br>LARGO FL 33773 <input type="checkbox"/> Delete     | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>25400 US Hwy 19 N., Ste 137<br>Clearwater FL 33763   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>SINGH, JUJHAR<br>12505 STARKEY ROAD SUITE A<br>LARGO FL 33773 <input type="checkbox"/> Delete    | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>25400 U.S. Hwy 19 N., Ste 137<br>Clearwater FL 33763 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>JAIN, MAHESH<br>12505 STARKEY ROAD SUITE A<br>LARGO FL 33773 <input type="checkbox"/> Delete     | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>25400 US Hwy 19 N., Ste 137<br>Clearwater FL 33763   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>LAGAMBA, WILLIAM<br>12505 STARKEY ROAD SUITE A<br>LARGO FL 33773 <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>25400 US Hwy 19 N., Ste 137<br>Clearwater FL 33763   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>TANEJA, JUGAL K<br>12505 STARKEY ROAD SUITE A<br>LARGO FL 33773 <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>25400 US Hwy 19 N., Ste 137<br>Clearwater FL 33763   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

**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:** \_\_\_\_\_ **4/29/03 (727) 533-0431**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E034 (10/02)