FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

OCUMENT# P01000099969 **Entity Name** BLUEMAX CORPORATION

FILED May 13, 2002 8:00 am Secretary of State

05-13-2002 90164 004 ***150.00

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3. Mailing Address . Principal Place of Business POST OFFICE BOX 8374 POST OFFICE BOX 8374 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FFI Number City & State 90-0007372 City & State MADEIRA MADEIRA BEACH \$8,75 Additional Country 5. Certificate of Status Desired Fee Required Country USA 7. Name and Address of Current Registered Agent USA <u> 3708-8374</u> OLEKSINSKI, MACIEJ DO NOT WRITE Box Number is Not Acceptable)
GULF BLVD IN THIS SPACE

REDINGTON BEACH

33708-1563

Applied For

Not Applicable

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.

litte if applicable

(NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS 11. TITLE TITLE NAME OLEKSINSKI, MACIEJ NAME STREET ADDRESS 16311 GULF BLVD STREET ADDRESS REDINGTON BEACH, FL 33708-1563 CITY-ST-ZIP . CHY-ST-ZIP TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P DO NOT WRITE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF IN THIS SPACE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

^{13.} Thereby 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 direct 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 direct 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 on an attachment with an address, with all other like empowered.

To whom it may concern 10000099969/
I Send you a form without the check on April 20,2002.
Document & POIOOOO99969 BLUEMAX CORPORATION
That may cause you.
Thank you Sincerely
1 Other land