

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # P01000100461**  
 1. Entity Name  
**MAX STREMMER & ASSOC, INC.**

02-08-2002 90002 031 \*\*\*\*70.00  
 03-25-2002 90102 011 \*\*\*\*80.00

Principal Place of Business  
 9 NE 19TH CT #201 C  
 WILTON MANORS FL 33305

Mailing Address  
 9 NE 19TH CT #201 C  
 WILTON MANORS FL 33305



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*Phone - Home*

3. Mailing Address  
*Same as above*

Suite, Apt. #, etc.

City & State

4. FEI Number  Applied For  Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**STREMMER, MAX**  
 9 NE 19TH CT #201 C  
 WILTON MANORS FL 33305  
*954-270-6462*

7. Name and Address of New Registered Agent  
 Name *Same As Above*  
 Street Address (P.O. Box Number is Not Acceptable)  
 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.

SIGNATURE *Max A. Stremmer* DATE *1-10-02*

Signature, typed or printed name of registered agent, and file # applicable. (NOTE: Registered Agent signature required when remaining)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **- FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2002 Fee will be \$550.00  
 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>STREMMER, MAX</b> 9 NE 19TH CT #201 C WILTON MANORS FL 33305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Keep the same</i>
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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 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 Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Max A. Stremmer* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E004 (9/01)