

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

FILED

OCT 17 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000121590

1. Entity Name

MAXIMUM EYEWEAR INC.



**DO NOT WRITE IN THIS SPACE**

900023910519

10/17/03--01071--020 \*\*150.00

**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

03

2. Principal Place of Business  
9089 N MILITARY TRAIL

Suite, Apt. #, etc.

SUNNY PLAZA, SUITE 23

City & State

PALM BEACH GARDENS, FL

Zip  
33410

Country  
USA

3. Mailing Address

9089 N MILITARY TRAIL

Suite, Apt. #, etc.

SUNNY PLAZA, SUITE 23

City & State

PALM BEACH GARDENS, FL

Zip  
33410

Country  
USA

4. FEI Number  
04-3612152

Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name MITCH GELSEN

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

9089 N MILITARY TRAIL, SUNNY PLAZA, SUITE 23

City PALM BEACH GARDENS FL Zip Code  
33410

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLEN GELSEN 8 OLD FENCE ROAD PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL GELSEN 8 OLD FENCE ROAD PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 10/10/03

X 561 775-8012

Date

Daytime Phone #

CR2E034B (12/02)

21 10/21

October 9, 2003

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed herewith please find my 2003 Uniform Business Report.

Please be advised that during the past months since I first opened my business I have suffered a significant down trend in sales and net income such that I found it necessary to secure a job with another company. The substantial time I have had to devote away from my business due to this additional job was compounded by illness during the first half of the year. I had to have surgery to remedy the condition but both the illness and the surgery caused additional hardship and rendered me unable to fulfill, in a timely fashion, my UBR filing obligation for 2003.

I wish to assure the Secretary of State that I will file my companies future Annual Reports/UBR's on a timely basis. However the server financial hardship that the penalty amount represents will more or less drive me out of business the way sales are right now. I respectfully request that the penalty assessed incident to late filing be waived in consideration of these extenuating and in recognition of my commitment to file timely filings hereafter.

Please don't hesitate to contact me should you require any additional information in connection with your consideration of these matters.

Very truly yours,



Mitch Gelsen  
President

enc.