

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90542 036 ***150.00

DOCUMENT # P02000030542

1. Entity Name
SURFACE MAXX, INC.



Principal Place of Business
**445 BRADENTON ROAD
VENICE FL 34293-3620**

Mailing Address
**445 BRADENTON ROAD
VENICE FL 34293-3620**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1060-B ENDEAVOR CT

Suite, Apt. #, etc.

1060-B ENDEAVOR CT

City & State

NOKOMIS FL

City & State

NOKOMIS FL

Zip

34275

Country

USA

Zip

34275

Country

USA

4. FEI Number

04-3697927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HEEKIN, JOHN CHARLES
21202 OLEAN BLVD., SUITE C-2
PORT CHARLOTTE FL 33952**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PRESCOTT, NEIL P.**
STREET ADDRESS **445 BRADENTON ROAD**
CITY-ST-ZIP **VENICE FL 34293-3620**

TITLE **D** ☒ Delete
NAME **HATHAWAY, DENNIS M.**
STREET ADDRESS **173 WEST TARPON BLVD.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **D** ☐ Delete
NAME **GUEVARA, PEDRO IV**
STREET ADDRESS **5252 CAMBAY STREET**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

NEIL P. PRESCOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-03

Date

1-941-434-7376

Daytime Phone #

CR2E034 (10/02)