


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

0139600 AT

DOCUMENT # P02000052742

1. Entity Name
KMAX SOLUTIONS, INC.



09-11-2003 90079 036 ***150.00

Principal Place of Business
28236 SONNY DR
WESLEY CHAPEL FL 33544

Mailing Address
28236 SONNY DR
WESLEY CHAPEL FL 33544



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
MAXWELL, KATHERINE
28236 SONNY DR
WESLEY CHAPEL FL 33544

4. FEI Number
04-3669623

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
Name
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, KATHERINE 28236 SONNY DR WESLEY CHAPEL FL 33544 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: KATHERINE MAXWELL **SIGNATURE REQUIRED** 8/20/03 813-240-2245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment
80147413
P02000052742

KMax Solutions, Inc.
28236 Sonny Drive
Wesley Chapel, FL 33544

August 29, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam;

I am attaching this letter to the Uniform Business Report (UBR) to notify you that I did not receive the initial notice of filing for the UBR.

According to your instructions, I am attaching the original \$150.00 filing fee for KMax Solutions, Inc. along with the UBR and this letter notifying you that the original notice of filing was not received. Per your instructions KMax Solutions, Inc. will only be required to send the original \$150.00 filing fee since the initial notice of filing was not received.

If you need any additional information please contact me at (813) 240-2845.

Thank you for your assistance.

Sincerely,

Katherine Maxwell

Katherine Maxwell
Director
KMax Solutions, Inc.