CR2E034 (4/03)

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## Sep 11, 2003 8:00 am Secretary of State P02000052742 DOCUMENT # 09-11-2003 90079 036 \*\*\*150.00 1. Entity Name KMAX SOLUTIONS, INC. Principal Place of Business Mailing Address 28236 SONNY DR **28236 SONNY DR** WESLEY CHAPEL FL 33544 WESLEY CHAPEL FL 33544 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zip Zin Country Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAXWELL, KATHERINE Street Address (P.O. Box Number is Not Acceptable) **28236 SONNY DR WESLEY CHAPEL FL 33544** 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Addition MAXWELL, KATHERINE NAME NAME 28236 SONNY DR STREET ADDRESS STREET ADDRESS WESLEY CHAPEL FL 33544 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_ TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition Delete Change NAME NAME

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

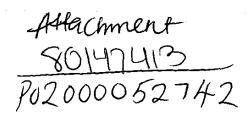
STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

8/20/03 813-240-2243



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.

Katheine maxwell

Sincerely,

Katherine Maxwell

Director

KMax Solutions, Inc.