## 2000 UNICODA DUCINECE DEDODT (URD)

2000	ONIFORM BOSI	NESS NEP	MI (OD)	<u>'/</u>						
DOCUMENT # P9500051394  1. Entity Name NETMAXIMIZER.COM, INC.					FILED  SECRETARY OF STATE  BIVISION OF CORPORATIONS					
Principal Place	of Business	Mailing Address	·			00 SEP -	i Af	110:42	2	
3560 INVESTMENT LANE 7491 N. FEDERAL HIGHWAY SI BOCA RATON FL 33487			YAY., SLUTE 262							
2. Principal Pl	ace of Business 4 FEDERAL HICHMAY	3. Mailing Address 4400 N F6	DERAL HW	<b>N</b> _						
Suite, Apt.		Suite, Apt. #, etc.	807			DO NOT WRITE IN	THIS SPA	\CE		
City & State	PANON, PLOA	Suite # 1 Sity & State BOCA Rate		4. F	El Number	65-0907899		<del></del>	plied For t Applicable	
Zip 334	Pacm Brack)	<sup>Zip</sup> 33451	Country U.S	•		Status Desired	. Fe	8,75 Add e Required		
6. Name and Address of Current/Registered Agent				7. Name and Address of New Registered Agent Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL 32301				- <u></u>				_		
			City				FL	Zip Code	<del></del>	
The above named entity submits this statement for the purpose of changing its registered.										
	named chary submits this statement for	the purpose of changing in	s registered emice or	ogiololoo aga	, , or bost,					
SIGNATURE _	Signature, typed or printed name of registered agent ar	nd ute if applicable. (NO	TE: Registered Agont signatur	re required when rel	nstating)		DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEI  After SEPTEMBER 13, 200  Make Check Payable to			ed Albert to the first because in the second	oe \$750.00		on Campaign Financir fund Contribution.	ng 🗆		O May Be to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	AD	DITIONS/CH	ANGES TO OFFICER	S AND D	RECTORS	S IN 11	
TITLE	PD	☐ Delete	TITLE				[	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				3000033994937 -09/20/0001069006 ****550.00 ****550,00						
TITLE NAME	std Schuster, Peter G	☐ Detete	TITLE NAME			*****	<del>uu .</del> C	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	THE TATE COLUMN TO THE LOCK				٠					
DITLE NAME STREET ADDRESS CITY-ST-ZIP	DOOK RAYON FE 33403	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Ē	Change	Addition	
TITLE		☐ Delete	TITLE	,				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADORESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[	Change	Addition	
TITLE	,	☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			name Street Address Cify-St-Zip				A	lD		

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 supply mental 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 frustee empowered to explicit 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 all other like empowered.

SIGNATURE:

\*\*Responsible\*\*

\*\*Responsib

SIGNATURE:

8/23/00 .561-951-4208