

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90007 002 \*\*\*550.00

**DOCUMENT # P97000061363**

1. Entity Name  
**MAX TITLE, INC.**

Principal Place of Business

Mailing Address

**602 S STATE RD 7  
MARGATE FL 33068  
US**

**602 S STATE RD 7  
MARGATE FL 33068  
US**



2. Principal Place of Business

3. Mailing Address

**2868 N State Road 7  
Suite, Apt. #, etc.**

**2868 N State Road 7  
Suite, Apt. #, etc.**

City & State

City & State

**Lauderdale Lakes FL**

**FL Lauderdale Lakes**

**33313**

Country

Zip

**33313**

Country

4. FEI Number

**65-0786863**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Payday Max, Inc.**

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

**2868 N SR7,**

City

**Lauderdale Lakes**

FL

Zip Code

**33313**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9.7.01**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State**

10. Election Campaign Financing\* Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DCEO** ☐ Delete  
NAME **WHITEHEAD, JERRY D**  
STREET ADDRESS **602 S STATE RD 7**  
CITY-ST-ZIP **MARGATE FL 33068**

TITLE **DPS** ☐ Delete  
NAME **POLK, ADRIAN**  
STREET ADDRESS **602 S STATE RD 7**  
CITY-ST-ZIP **MARGATE FL 33068**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☒ Change ☐ Addition  
NAME **Whitehead, Jerry**  
STREET ADDRESS **2868 N SR7**  
CITY-ST-ZIP **Lauderdale Lakes, FL 33313**

TITLE **PS** ☒ Change ☐ Addition  
NAME **Polk, Adrian**  
STREET ADDRESS **2868 N SR7**  
CITY-ST-ZIP **Lauderdale Lakes, FL 33313**

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

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

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

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

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Whitehead, Jerry**

**9.7.01**

**954.739.1647**

Date

Daytime Phone #

CR2E034 (5/01)