

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104408

1. Entity Name

MAX CAP, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90324 027 ***150.00

Principal Place of Business

1047 22ND AVE. NORTH
NAPLES FL 34103

Mailing Address

1047 22ND AVE. NORTH
NAPLES FL 34103-4839

2. Principal Place of Business

PALM CAR WASH

Suite, Apt. #, etc.

11345 US 41 EAST

City & State

NAPLES, FL 34113

Zip

34113

Country

USA

3. Mailing Address

PALM CAR WASH

Suite, Apt. #, etc.

11345 US 41 EAST

City & State

NAPLES, FL

Zip

34113

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3492237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILTON, RONALD D
1047 22ND AVE. NORTH
NAPLES FL 34103

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.

SIGNATURE

George B. Atkinson VP
Signature, typed or printed name of registered agent and title if applicable.

GEORGE B. ATKINSON VP

DATE

1-10-00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	HILTON, RONALD D	
STREET ADDRESS	1047 22ND AVE. NORTH	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ATKINSON, GEORGE B	
STREET ADDRESS	1047 22ND AVE. NORTH	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another line empowered.

SIGNATURE:

George B. Atkinson VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-00

941 643 6888 213