

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104479

1. Entity Name

MAX-DATA INVESTIGATIONS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90441 032 ***150.00

Principal Place of Business

5800 OVERSEAS HIGHWAY, STE. 35-105
MARATHON FL 33050

Mailing Address

5800 OVERSEAS HIGHWAY, STE. 35-105
MARATHON FL 33050

2. Principal Place of Business

5409 OVERSEAS HWY.
Suite, Apt. #, etc.
#194

3. Mailing Address

5409 OVERSEAS HWY.
Suite, Apt. #, etc.
#194

City & State

MARATHON, FL

City & State

MARATHON, FL

Zip

33050

Country

USA

Zip

33050

Country

USA

4. FEI Number

65-0801470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, ROBERT K
2975 OVERSEAS HIGHWAY
MARATHON FL 33050

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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, 2001 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: D ☐ Delete
NAME: FLYNN, PATRICK
STREET ADDRESS: 5800 OVERSEAS HIGHWAY, STE. 35-105
CITY-ST-ZIP: MARATHON FL 33050

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D ☒ Change ☐ Addition
NAME: FLYNN, PATRICK
STREET ADDRESS: 5409 OVERSEAS HIGHWAY, #194
CITY-ST-ZIP: MARATHON, FL 33050

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

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

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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: Patrick Flynn / PATRICK FLYNN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

305-743-6595

Daytime Phone #

CR2E034 (10/00)