2002 UNIFORM BUSINESS REPORT (UBR)					Jan 07, 2002 8:00 am		
DOCUMENT # P98000032701 1. Entity Name					Secretary of State		
MAX Q XPR	ESS, INC.				01-07-2002 90012 022 ***150.00		
Principal Place of	Business	Mailing Address			\dashv		
161 CYPRESS BROOK CIRCLE 161 CYPRESS BROOK CIRCLE							
SUITE 1208 MELBOURNE FL 32901 MELBOURNE FL 32901 MELBOURNE FL 32901							
Principal Place of Business Address Mailing Address					T THE LIBERT FOR THE POINT TO HELD THE POINT DESIGN BROKE THE POINT HEAVY THE POINT HE	<u> </u>	
Suite, Apt. #, et	tc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number 59-3503253 Applied I Not Appl		
Zip Country '		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
6	6. Name and Address of Current R	egistered Agent	-		7. Name and Address of New Registered Agent		
LLCODY UTN				Name			
JACOBY, KENNETH N P.A. 1423 SOUTH PATRICK DRIVE			Street Address (P.O. Box Number is Not Acceptable)				
	EACH FL 32937						
				City	FL Zip Code		
8. The above nam	ned entity submits this statement for	the purpose of changing its	registere	ed office or regis	tered agent, or both, in the State of Florida.		
	,	,		or emec or regio	and again, or bein, in the diage of Figure 2.		
SIGNATURE Signa	alure, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registere	d Agent signature requ	ired when reinstating) DATE	-	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE				IS \$150.00			
	rement and elects to do so.	After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St		will be \$550.00			
11.	OFFICERS AND D		12.	spartment of 3	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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NAME IACOPONI, MARY			II.		4 (9/		
10. 0			ET ADDRESS - ST- ZIP		CR2E034 (9/01)		
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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

☐ Change

Addition

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNALLA ELLED

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME