

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071878

1. Entity Name

MAX FARRELL, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90083 034 ***150.00

Principal Place of Business

Mailing Address

301 OLD RAPIDS ROAD
LEXINGTON SC 29072
US

301 OLD RAPIDS ROAD
LEXINGTON SC 29072-9394
US

2. Principal Place of Business

2805 W. HWY 378

Suite, Apt. #, etc.

3. Mailing Address

301 OLD RAPIDS RD.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GILBERT, SC

City & State

LEXINGTON, SC

4. FEI Number

59-3527428

Applied For

Not Applicable

Zip

29054

Country

US

Zip

29072

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER FL 33756

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 reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FARRELL, BEN	
STREET ADDRESS	301 OLD RAPIDS RD	
CITY-ST-ZIP	LEXINGTON SC 2907	
TITLE		<input type="checkbox"/> Delete
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.18.00 803-892-4153

CR2E034 (9/99)