

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90229 032 ***150.00

DOCUMENT # P98000071878

1. Entity Name
MAX FARRELL, INC.

Principal Place of Business

**1670 WEST 11TH
 EUGENE OR 97402
 US**

Mailing Address

**335 DELLWOOD DR.
 EUGENE OR 97402
 US**

B0007010



2. Principal Place of Business

**1670 WEST 11TH
 Suite, Apt. #, etc.**

3. Mailing Address

**335 DELLWOOD DR
 Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

EUGENE, OR

City & State

EUGENE, OR

4. FEI Number

59-3527428

Applied For

Not Applicable

Zip

Country

97402 LAKE

Zip

Country

97405 LAKE

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

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 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, 2002 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 ☐ Delete
 NAME **D FARRELL, BEN**
 STREET ADDRESS **301 OLD RAPIDS RD**
 CITY-ST-ZIP **LEXINGTON SC 2907**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 ☒ Change ☐ Addition
 NAME **D FARRELL, BEN**
 STREET ADDRESS **335 DELLWOOD DR.**
 CITY-ST-ZIP **EUGENE, OR 97405**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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 reports 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-02 541-454-3811

CR2E034 (9/01)