

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P980000095310**

FILED P98000095310

Payday Max, Inc. R

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18796

Principal Place of Business Mailing Address
1868 N. State Rd 7 602 S SR7
Maudslake Lakes, FL 33068
33313

2. Principal Place of Business 3. Mailing Address
City, Apt #, etc Suite, Apt #, etc
City & State City & State
Country Country

6/8/00 90028 OFS \$50.00
4. FEI Number Applied For
65-0877075 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Holland & Knight
Ron Albert
701 Brickell Ave Suite 3000
Miami FL 33131

7. Name and Address of New Registered Agent
Name Interstate Registered Agent
Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Ave. Ste. 3000
City Miami FL 33131

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 (used on behalf of registered agent and the if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

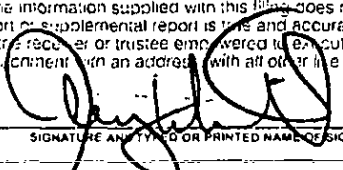
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒
- FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE NAME ☐ Delete
Whitehead, Jerry D.
602 S SR7, Margate FL 33068
Se-T
Polk, Adrian FL 33068
602 S SR7, Margate

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
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)(b), 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. 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 the empowered.

SIGNATURE:  SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-28-00 954.969.8000
KE

CR2E034 (9/99)