

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011581

1. Entity Name

GMAX OFFICESOURCE, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90073 001 ***150.00

Principal Place of Business

626 COHN LANE
SAFETY HARBOR FL 34695

Mailing Address

626 COHN LANE
SAFETY HARBOR FL 34695-2810

2. Principal Place of Business

2027 26TH ST - So.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 20

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, FL

City & State
SAFETY HARBOR, FL

4. FEI Number

59-3306559

Applied For

Not Applicable

Zip
33712

Country

Zip
34695

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 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
STREET ADDRESS
CITY-ST-ZIP
PSTD
GIVENS, CEDRIC C
626 COHN LANE
SAFETY HARBOR FL 34695 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
GIVENS, CEDRIC C.
2027 26TH ST. S.
ST. PETERSBURG, FL 33712 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00
Date

500-571-1657
Daytime Phone #

CR2E034 (9/99)