

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90227 018 ***150.00

DOCUMENT # P990000022940

1. Entity Name
SECURE MAX, INC.



Principal Place of Business
**2115 10TH AVENUE NORTH
LAKE WORTH FL 33461**

Mailing Address
**2115 10TH AVENUE NORTH
LAKE WORTH FL 33461**

10026533



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0904881**

Applied For

Not Applicable

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

**BERKOFF, JEFFREY
2115 10TH AVENUE NORTH
LAKE WORTH FL 33461**

Name **TESORIERE ROBERT**
Street Address (P.O. Box Number is Not Acceptable)
2115 10TH AVENUE NORTH
City **LAKE WORTH** FL Zip Code **33461**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert Tesoriere* - President

DATE **2-19-03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **BERKOFF, JEFF**
STREET ADDRESS **2115 10TH AVE N**
CITY-ST-ZIP **LAKE WORTH FL 33461** ☒ Delete

TITLE **P.D.**
NAME **TESORIERE, ROBERT**
STREET ADDRESS **2115 10TH AVE N**
CITY-ST-ZIP **LAKE WORTH, FL 33461** ☒ Change ☐ Addition

TITLE **VD**
NAME **TESO, ROBERT**
STREET ADDRESS **2115 10TH AVE N**
CITY-ST-ZIP **LAKE WORTH FL 33461** ☒ Delete

TITLE **S/TARE, JACK**
NAME **2115 10TH AVE N**
STREET ADDRESS **LAKE WORTH, FL 33461** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with either like empowered.

SIGNATURE: *Robert Tesoriere*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2-19-03** (561)588-1103
Daytime Phone #

CR2E034 (10/02)