

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P99000023233**1. Entity Name **HEALTHMAX INTERNATIONAL INC.****FILED**
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90316 031 ***150.00

Principal Place of Business

Mailing Address

3370 Capital Cir NE.
Suite C-13
TLH, FL 32308**P.O. Box 12758**
TLH, FL 32317

2. Principal Place of Business

3. Mailing Address

3370 Capital Cir NE.**P.O. Box 12758**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C-3

City & State

City & State

TLH, FL**TLH, FL**Zip **32308**Country **LEON**Zip **32317**Country **LEON**

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3571863

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

~~**E. DON BAILEY**~~ **James Priester**
~~**2901 KEW COURT**~~ **3370 Capital NE.**
TLH, FL 32308 **Suite A.**

Name

E. DON BAILEY

Street Address (P.O. Box Number is Not Acceptable)

2901 KEW COURT

City

TLH**FL**

Zip Code

32308

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

E. Don Bailey Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-009. 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 Fees11. **Pres.** OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres.** **E. DON BAILEY** ☐ Delete
NAME
STREET ADDRESS **2901 KEW COURT**
CITY-ST-ZIP **TLH, FL 32308**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **Vice President** ☐ Delete
NAME **BLAKE F. BAILEY**
STREET ADDRESS **2901 KEW COURT**
CITY-ST-ZIP **TLH, FL 32308**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **Sec. TREASURE** ☐ Delete
NAME **Judy P. Bailey**
STREET ADDRESS **2901 KEW COURT**
CITY-ST-ZIP **TLH, FL 32308**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 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:

E. Don Bailey Pres.
E. DON BAILEY PRESIDENT

Date

Daytime Phone #

5-1-00 850/386/8355