2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000039900 May 01, 2000 8:00 am Secretary of State 1. Entity Name TAMPA BAY MAX, INC. 05-01-2000 90482 042 ***150.00 Principal Place of Business Mailing Address 4616 BAY TO BAY BLVD 4616 BAY TO BAY BLVD TAMPA FL 33629-7601 **TAMPA FL 33629** 2. Principal Place of Business 3. Mailing Address 4320 Gardy Blvd. 4320 Gandy Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number 59 - 3573282 Applied For City & State City & State Not Applicable lampa, lampa Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33611 Fee Required usa 33611 US A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -mance Lawyer CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable). 1201 HAYS STREET TALLAHASSEE FL 32301-2525 submits this statement for the purpose of changing its registered office 8. The above named FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITI F TITLE WEST, ED NAME NAME STREET ADDRESS 4616 BAY TO BAY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 Addition ☐ Change ☐ Delete TITI F TITLE R.D. MandT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33606 Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete NAME NAME

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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.

STREET ADDRESS

CITY-ST-ZIP

CITY-\$T-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ Delete

☐ Change

☐ Addition