2009 UNIFORM BUSINESS REPORT (UBR) *OCUMENT # 8以べ 0000 47 2 17 P99000047217 FILED MAXTHETEST, COM, INC. 00 JUL 21 AHII: 01 Mailing Address ್-್ಟ್ರಾಪ್ Place of Business 🚿 559 CAMPUS ST SECRETARY OF STATE 559 CAMPUS ST TALLAHASSEE, FLORIDA Celebration FL 34747 colebration, FL 34747 non68298 3. Mailing Address Principal Place of Business Suite Ant. # etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number (City & State City & State Not Applicable 59-3579375 Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Robert J Alexander Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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, typed or printed name of regulated again and trie if applicable. (HOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150:00 This corporation is eligible to satisfy its fillangible \$5.00 May Be 10. Election Campaign Financing After MAY (2000 Fee will be \$550.00) Make Check Payable to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. resident/Treasurer (66/6)Delete TITLE Robert J Alexander 559 Campus ST NAME STREET ADDRESS Celebration; FL 34747 CITY-ST-ZIP \$1.70 Vice President / Secretary ☐ Change ■ Addition Delete TITLE Sharon J Alexander NAME 559 Campis ST STREET ADDRESS 34747 CT 780 CITY-ST-ZIP - Addition Chānge ☐ Delete TIÌLE NAME STREET ADDRESS ST-ZIP CTY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAUE STREET ADDRESS CITY-ST-ZIP ST-719 Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS . CITY-ST-ZIP 57 20 Change Addition Dalete 🚬 **1**17 STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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. SE HATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daveme Phone #



MaxTheTest.com, Inc. 559 Campus Street Celebration, FL 34747 407-566-8731

June 30, 2000

Uniform Business Report Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

I am a one-person business that incorporated last year. I did not fully understand my responsibilities for filing the new 2000 UBR.

I had not received the new form in the mail and when I started to file my annual report I went to your web site for assistance. It was there that I found out that there was a new form I had to file. The next business day I had a trip to make and failed to remember to contact your office for a few weeks. I then sent a request for the new UBR. I received the new form in late May. I also called your offices to discuss the penalty and was advised to write a letter requesting a waiver of the penalty.

I have now completed the form and am paying the normal fee of \$150. Please forgive the penalty. The \$400 extra fee is very steep for a small education consulting firm (where I'm the entire company) and would impose a financial burden. I would greatly appreciate your forgiveness. Having lived through the process once, I better understand my obligation for next year.

Sincerely,

Robert J. Alexander

President