

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2000 8:00 am**
Secretary of State

02-09-2000 90360 014 ***158.75

DOCUMENT # P99000056740

1. Entity Name

MAX AVIATION, INC.

Principal Place of Business

**450 SW DAUPHIN AVE
PORT ST LUCIE FL 34953**

Mailing Address

**450 SW DAUPHIN AVE
PORT ST LUCIE FL 34953-5852**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0929396

Applied

Not

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAROL, WILLIAM MAX
450 SW DAUPHIN AVE
PORT ST LUCIE FL 34953**

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** ...
Added to

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change**P/S/T
WILLIAM M SAROL
450 SW DAUPHIN AVE
PORT ST LUCIE, FL 34953**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change**V
MARIE S. SAROL
450 SW DAUPHIN AVE
PORT ST LUCIE, FL 34953**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **William M. Sarol** **WILLIAM M SAROL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-29-00 561-336-71