

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90127 049 ***150.00

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**

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

65-0929396

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

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PST**
 STREET ADDRESS **SAROL, WILLIAM M**
 CITY-ST-ZIP **450 SW DAUPHIN AVE
 PORT SAINT LUCIE FL 34953**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **SAROL, MARIE S**
 CITY-ST-ZIP **450 SW DAUPHIN AVE
 PORT SAINT LUCIE FL 34953**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

William M. Sarol **WILLIAM M. SAROL**

7/5/02

772-971-6482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
P99000056740
122050

MAX AVIATION, INC.

Memo

To: DEPARTMENT OF STATE
From: WILLIAM M. SAROL, PRESIDENT
Date: 7/12/02
Re: UNIFORM BUSINESS REPORT/ DOCUMENT # P99000056740

Enclosed is my check for \$150.00 for the year 2002 UBR filing fee. The statement I received this week is the first notice I have received this year. I called the UBR office today questioning the amount due and was directed by "Mark" to forward the original \$150.00 filing fee along with this memo. If any further directions are required, please call me at 772-971-6482.

Thank you for your assistance.

William M. Sarol

William M. Sarol, President

Enclosures: UBR and check #1587