

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90025 018 ***150.00

DOCUMENT # *P99000056740*

1. Entity Name

MAX AVIATION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

450 SW DAUPHIN AVE.

3. Mailing Address

450 SW DAUPHIN AVE.

Suite, Apt. #, etc.

PORT ST. LUCIE.

Suite, Apt. #, etc.

PORT ST LUCIE

City & State

FL

City & State

FL

Zip

34953

Country

Zip

34953

Country

4. FEI Number

65-0929396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: *PRESIDENT*
NAME: *SAROL, WILLIAM M.*
STREET ADDRESS: *450 SW DAUPHIN AVE.*
CITY-ST-ZIP: *PORT SAINT LUCIE FL. 34953*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: *VICE PRESIDENT*
NAME: *SAROL, MARIE S.*
STREET ADDRESS: *450 SW DAUPHIN AVE*
CITY-ST-ZIP: *PORT SAINT LUCIE FL. 34953*

TITLE
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

William M. Sarol WILLIAM M. SAROL

1/31/04 772-530-7064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)