

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065094

1. Entity Name

MAG MAX, INC.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90089 005 ***150.00

Principal Place of Business

4897 CAPSTAN AVE. NO. 14
STUART FL 34997

Mailing Address

4897 CAPSTAN AVE. NO. 14
STUART FL 34997-1983

2. Principal Place of Business

6047 Kimberly Blvd # J
Suite, Apt. #, etc.
J

3. Mailing Address

P.O. Box 1847
Suite, Apt. #, etc.

City & State

N. Lauderdale, FL

City & State

Hobe Sound, FL

Zip

33068-2819

Country

USA

Zip

33475-1847

Country

USA

4. FEI Number

65-0937098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELMS, JOHN
4897 CAPSTAN AVE, NO. 14
STUART FL 34997

7. Name and Address of New Registered Agent

Name: Nelms, John
Street Address (P.O. Box Number is Not Acceptable): 6047 Kimberly Blvd. suite J
City: N. Lauderdale FL Zip Code: 33068

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

John Nelms

4/11/00

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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: D
NAME: NELMS, JOHN
STREET ADDRESS: 4897 CAPSTAN AVE, NO. 14
CITY-ST-ZIP: STUART FL 34997 ☐ Delete

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

John Nelms

4/11/00

Date

Daytime Phone #

561 379-6712
954 979-0042