

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90008 029 ***150.00

DOCUMENT # P99000066902**1. Entity Name**
GMAX EXPRESS, INC.**Principal Place of Business**
2240 WOOLBRIGHT ROAD STE 332
BOYNTON BEACH FL 33426**Mailing Address**
2240 WOOLBRIGHT ROAD STE 332
BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0934117**Applied For
Not Applicable

Zip

Country

Zip

Country

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****HUDSON, KEVIN**
2240 WOOLBRIGHT ROAD STE 332
BOYNTON BEACH FL 33426

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

Kevin Hudson President
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, 2002 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **P** ☒ Delete
NAME **BEATTIE, WILLIAM**
STREET ADDRESS **2240 WOOLBRIGHT ROAD STE 332**
CITY-ST-ZIP **BOYNTON BEACH FL 33426****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **VP** ☐ Delete
NAME **HUDSON, KEVIN**
STREET ADDRESS **2240 WOOLBRIGHT ROAD STE 332**
CITY-ST-ZIP **BOYNTON BEACH FL 33426****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **ST** ☐ Delete
NAME **SHORE, FREDRIC R**
STREET ADDRESS **13410 NW 49 AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32606****TITLE** ☒ Change ☐ Addition
NAME **FREDRIC R. SHORE**
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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:***Kevin Hudson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-02

81-736-9080
Ext 301

CR2E034 (9/01)