2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000084269 DOCUMENT

Entity Name MAXIMUM RESPONSE GROUP, IN	IC.	
rincipal Place of Business	Mailing Address	



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90359 047 ***150.00

26414 BARRANQUILLA AVE PUNTA GORDA FL 33983 PUNTA GORDA FL 33983 PUNTA GORDA FL 33983								
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.			· C.	CHECK HERE IF MAKIN	G CHANGES			
City & State City & State				1 D31M4/9D3		pplied For ot 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								
			Name					
Freshwater, Elsie			Street Address (P.O. Box Number is Not Acceptable)					
26414 BA	RRANQUIL	la ave			Street Address (P.O. Box Number is Not Acceptable)			
PUNTA G	ORDA FL 3	3983						
		•			City		Zip Coc	
_					City	Fl	- Zip Coc	
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 .		or printed name of registered	agent and title if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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	11.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11
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indicated of the core	on this repor	t or supplemental rep	ort is true and accurate and that r	ny signat as requir	ture shall have the	ection 119.07(3)(i), Florida Statutes. I further ce same legal effect as if made under oath; that I 7, Florida Statutes; and that my name appears	am an officer in Block 10 o	or director

SIGNATURE: