

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90080 002 ***150.00

DOCUMENT # P99000098473

1. Entity Name

MAXIMUM IMAGE, INC.

Principal Place of Business

**5900 LOKEY DRIVE
 ORLANDO FL 32810**

Mailing Address

**POST OFFICE BOX 608407
 ORLANDO FL 32860-8407**

2. Principal Place of Business

3190 ST. LUCIE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

CASSELBERRY FL

City & State

4. FEI Number

59-3607673

Applied For

Not Applicable

Zip

32707

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GULASH, RICHARD J
 5900 LOKEY DR
 ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name

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

3190 ST LUCIE DRIVE

City

CASSELBERRY

FL

Zip Code

32707

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

[Signature]

RICHARD J GULASH JR.

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, 2001 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	DPT	<input type="checkbox"/> Delete
NAME	GULASH, RICHARD J JR.	
STREET ADDRESS	5900 LOKEY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	DVPS	<input checked="" type="checkbox"/> Delete
NAME	MOLLOY, GERARD JR.	
STREET ADDRESS	644 KENWICK CIRCLE #104	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GULASH, RICHARD J SR.	
STREET ADDRESS	2065 S.W. KASIM TERRACE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-01

Date

407-230-8968

Daytime Phone #

CR2E034 (10/00)