

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103453

1. Entity Name

BINDMAX PROTEINS INC.

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90048 024 \*\*\*150.00

904000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5007 CORVETTE DRIVE  
TAMPA FL 33624

5007 CORVETTE DRIVE  
TAMPA FL 33624

2. Principal Place of Business

1036 LODESTAR DRIVE

3. Mailing Address

1036 LODESTAR DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLIDAY, FL

City & State

HOLIDAY, FL

4. FEI Number

59-3615209

Applied For

Not Applicable

Zip

34690-6517

Country

PASCO

Zip

34690-6517

Country

PASCO

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

CASSIDY, RICHARD D  
5007 CORVETTE DRIVE  
TAMPA FL 33624

Name

RICHARD D. CASSIDY

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

1036 LODESTAR DRIVE

City

HOLIDAY

FL

Zip Code  
34690

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

Richard D. Cassidy

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	PRESIDENT	<input type="checkbox"/> Delete
NAME	CASSIDY, RICHARD D		
STREET ADDRESS	5007 CORVETTE DRIVE		
CITY-ST-ZIP	TAMPA FL 33624		
TITLE			<input type="checkbox"/> Delete
NAME	1036 LODESTAR DRIVE		
STREET ADDRESS			
CITY-ST-ZIP	HOLIDAY, FL 34690		
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			

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		
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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:

Richard D. Cassidy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-01

CR2E034 (10/00)