

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110081

1. Entity Name

MAX PROPERTIES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90214 039 ***150.00

Principal Place of Business

Mailing Address

440 CRESCENT POND DRIVE
JACKSONVILLE FL 32259

440 CRESCENT POND DRIVE
JACKSONVILLE FL 32259

2. Principal Place of Business

3. Mailing Address

440 Crescent Pond Dr Po Box 600601

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville Fla

Jacksonville FL

Zip

Country

Zip

Country

32259 USA

32260 USA

USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D CROCCO, NANCY 440 CRESCENT POND DRIVE JACKSONVILLE FL 32259	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY CROCCO

Date

Daytime Phone #

April 23, 2000

(904)

874-2264

CR2E034 (9/99)