2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000110574**

1. Entity Name

M.J. MAX OF S.W. FLORIDA, INC.



FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90083 002 ***150.00

			TO WE TOO			
Principal Pla 4130 S.W. 2 CAPE CORA		Mailing Address 1318 LAFAYETTE ST CAPE CORAL FL 33904			EU 88/81 (MIL) (EE) (A14) (A14)	
2 Principal	Place of Product	T				
2. Principal Place of Business		3. Mailing Address		r resserant file serile faith eathe abite delah tiabit sid	TIS MATAL MITTE INVIT MINE IMAT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING	☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-1070681	Applied For	
Zip	Country	Zip	Country		Not Applicable 88.75 Additional	
	6. Name and Address of Current F	L		7. Name and Address of New Registered A	ee Required	
			Name	The trial Address of New Registered A	Jent	
HILL, THO	· · 	بيده وسنست بين جازيم سيد	Street Address	(P.O. Box Number is Not Acceptable)		
1318 LAFAYETTE ST			Glieet Address	(F.O. Box Number is Not Acceptable)		
CAPE CORAL FL 33904						
			City	FL	Zip Code	
8. The above	e named entity submits this statement for	the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am fai	miliar with, and accept	
ine obliga	ations of registered agent.				· j	
SIGNATURE	Signature, typed or printed name of registered agent an	d little if applicable (NOTS	E: Registered Agent signature require			
	FILE NOW!!! FEE IS \$150.00	(10)	- registered Agent signature require	ed when reinstating) DATE		
Afte	r May 1, 2003 Fee will be \$550.00	1		9. Election Campaign Financing	\$5.00 May Be	
Make Chec	k Payable to Florida Department of	State		Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11	
TITLE NAME	PD Weber, Jan W	☐ Delete	TITLE	. [☐ Change ☐ Addition S	
STREET ADDRESS	4130 S.W. 23RD PLACE		NAME STREET ADDRESS		100	
CITY-ST-ZIP	CAPE CORAL FL 33914		CITY-ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Change ☐ Addition ☐ Change ☐ Change ☐ Change ☐ Addition ☐ Change	
TITLE	VSTD	☐ Delete	TITLE		Change ☐ Addition ☐	
NAME	ALBRECHT, MARION G		NAME	L	T climide T You little P	
STREET ADDRESS CITY-ST-ZIP	4130 S.W. 23RD PLACE CAPE CORAL FL 33914		STREET ADDRESS			
TITLE	D		CITY-ST-ZIP			
NAME	HILL, THOMAS W	☐ Delete	, TITLE Name		Change Addition	
STREET ADDRESS	1318 LAFAYETTE ST		- STREET-ADDRESS	and the state of t		
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	•		
TITLE		☐ Delete	TITLE		Change Addition	
NAME			NAME	L	Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		ļ	
TITLE			CITY-ST-ZIP			
NAME		☐ Delete	TITLE NAME		Change	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 3

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

homas W. Hill

24-03

239-549-2449

Daytime Phone #