

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90531 001 \*\*\*\*61.25  
04-17-2003 90531 002 \*\*\*150.00

DOCUMENT # **V54277**  
1. Entity Name  
**Max Diversified, Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**670 NW 44 Terr**  
Suite, Apt. #, etc.  
**Ste 103**

3. Mailing Address  
**546 S. Cooks Bridge Rd**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Deerfield Bch, FL**

City & State  
**Jackson, NJ**

4. FEI Number  
**65-0354965**

Applied For  
☐ Not Applicable

Zip  
**33442**

Country  
**USA**

Zip  
**08527**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Troy Lambe**

Street Address (P.O. Box Number is Not Acceptable)  
**670 NW 44 Terr**

**Ste 103**

City  
**Deerfield Bch**

FL **33442**

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 **[Signature]** **Pres.** **4/10/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>Troy Lambe</b> <b>546 S. Cooks Bridge Rd</b> <b>Jackson, NJ 08527</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **4/10/03 (732) 730-9100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)