2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000001982

1. Entity Name



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90095 025 ****61.25



X-STATIC ENTERPRISES INC.								
1325 COMMERCE DR PROX 462 G		Mailing Address PO.BOX 784 CRESTVIEW FL 32533 CANTON MENT, FL 32533		7) (
			P.O. BOX 784					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING	CHANGES		
City & State			ANTONMENT, FLORIDA		OT APPLICABLE	X Not A	lied For Applicable	
Zip Country 3			ountry \SA	5. Certificate of Sta		\$8.75 Additi Fee Required	onal	
6. Name and Address of Current Registered Agent			- Name	7. Name and Add	ress of New Registered A	gent		
RUSTAND), CARLYSE P		Street Address (P.O. Box Number is Not Acceptable)					
450 S HWY 29								
CANTONMENT FL 32533			City		FL	Zip Code		
SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent/signature required when reinstating) Registered Agent Registered Agent Registered Agent ONOTE: Registered Agent/signature required when reinstating) DATE								
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Col				\$5.00 May Be Added to Fees	Make Check Florida Depart			
10.	OFFICERS AND DIF				S TO OFFICERS AND DIF	* .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUSTLAND, JON A. RUS 1325 COMMERCE DR 462 CRESTVIEW FL 32536	NAND S	TREET ADDRESS 139	orrection! LSTAND, I SECTURED	JON A Ce DR 462 FL 335	Change 3 6	Addition S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSTAND, SMITTY 1325 COMMERCE DR 462 CRESTVIEW FL 32536	N.	ITLE AME Treet address (TY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSTAND, PEGGY C 1325 COMMERCE DR 462 CRESTVIEW FL 32536	- N.	ITLE AME TREET ADDRESS ITY-ST-ZIP				Addition~	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSTAND, KORY 1325 Commerce of Cresturew, FL 3	DR.462 s	ITLE AME TREET ADDRESS ITY-ST-ZIP TO RECEIVE TO THE PROPERTY OF THE PROPERTY O	STAND, K 25 Comme Lesturent	ory red Dr. 462 FLDRIDA	Change 3	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N. S	ITLE AME TREET ADDRESS ITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N. S	ITLE AME TREET ADDRESS ITY-ST-ZIP			☐ Change	Addition	

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 617, 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.

SIGNATURE:

HE 2011 A. RUSTAND D. Recton 2/10/03 309-218-7778