#150.00

FILED

03 OCT 20 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000011274

1. Entity Name

EXTREME TITLE COMPANY, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03 MRS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12074 MIRAMAR PARKWAY	12074 MIRAMAR PARKWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR, FLORIDA	City & State: MIRAMAR, FLORIDA
Zip: 33025 Country: USA	Zip: 33025 Country: USA

4. FEI Number 65-1077178 ☐ Applied For ☐ Not Applicable

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: CARLOS M. ROSELLO

Street Address (P.O. Box Number is Not Acceptable): 12074 MIRAMAR PARKWAY

City: MIRAMAR FL Zip Code: 33025

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] DATE: 10/17/03

(Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when reinstating)

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: PRESIDENT NAME: CARLOS M. ROSELLO STREET ADDRESS: 12074 MIRAMAR PARKWAY CITY-ST-ZIP: MIRAMAR, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP: 900024391089 11/03/03--01105--020 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP: **DO NOT WRITE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP: **IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E064B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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] 10/17/03 954-322-2511

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #