

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90052 045 ***150.00

DOCUMENT # F00000005019

1. Entity Name
EXTREME STYLE, INC.

Principal Place of Business
**270 SOUTH SERVICE ROAD, SUITE 45
MELVILLE NY 11747**

Mailing Address
**270 SOUTH SERVICE ROAD, SUITE 45
MELVILLE NY 11747**

2. Principal Place of Business
4095 Belfort Rd.
Suite, Apt. #, etc.
Suite 110
City & State
Jacksonville, FL
Zip
32256 Country
USA

3. Mailing Address
4095 Belfort Rd.
Suite, Apt. #, etc.
Suite 110
City & State
Jacksonville, FL
Zip
32256 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **31-1705292** Applied For
Not Applicable

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

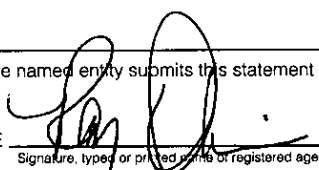
6. Name and Address of Current Registered Agent

**OLIVER, RAYMOND L
7077 BONNEVAL ROAD, SUITE 440
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name
Oliver, Raymond L
Street Address (P.O. Box Number is Not Acceptable)
4095 Belfort Rd, Suite 110
City
Jacksonville FL Zip Code
32256

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  **CEO**
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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
CD	DAVIES, JOHN M	270 SOUTH SERVICE ROAD, SUITE 45	MELVILLE NY 11747	<input checked="" type="checkbox"/>
SD	CAVALLARO, PETER I	270 SOUTH SERVICE ROAD, SUITE 45	MELVILLE NY 11747	<input checked="" type="checkbox"/>
PCEO	OLIVER, RAYMOND L	7077 BONNEVAL ROAD	JACKSONVILLE FL 32216	<input type="checkbox"/>
EV	AKE, STEVE	7077 BONNEVAL ROAD	JACKSONVILLE FL 32216	<input type="checkbox"/>
EV	CRAWFORD, ERIC	7077 BONNEVAL ROAD	JACKSONVILLE FL 32216	<input type="checkbox"/>
AS	HARCOURT, JEFF	270 SOUTH SERVICE ROAD, SUITE 45	MELVILLE NY 11747	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CEO	Oliver, Raymond L	4095 Belfort Road, Suite 110	Jacksonville, FL 32256	<input checked="" type="checkbox"/>
EV	Ake, Steve	4095 Belfort Rd. Suite 110	Jacksonville, FL 32256	<input checked="" type="checkbox"/>
President	Crawford, Eric	4095 Belfort Road, Suite 110	Jacksonville, FL 32256	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>

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

2/5/01 904.332.6600
Date Daytime Phone #

CR2E034 (10/00)