

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90159 031 ***150.00

DOCUMENT # F96000000651

1. Entity Name
EXTENDED SYSTEMS OF IDAHO, INCORPORATED

Principal Place of Business Mailing Address
 P.O. BOX 4937 P.O. BOX 4937
 BOISE ID 83711 BOISE ID 83711-4937

2. Principal Place of Business 3. Mailing Address
5777 North Meeker Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Boise, ID
 Zip **83713** Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **82-0392660** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WINTERROWD, DOUGLAS		NAME		
STREET ADDRESS	5777 N. MEEKER AVE.		STREET ADDRESS		
CITY-ST-ZIP	BOISE ID		CITY-ST-ZIP	83713	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMPSON, STEVEN		NAME		
STREET ADDRESS	5777 N. MEEKER AVE.		STREET ADDRESS		
CITY-ST-ZIP	BOISE ID 83703		CITY-ST-ZIP	83713	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOPSON, CHUCK		NAME		
STREET ADDRESS	5777 N. MEEKER AVE.		STREET ADDRESS		
CITY-ST-ZIP	BOISE ID		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIMER, TED		NAME		
STREET ADDRESS	5777 N. MEEKER AVE.		STREET ADDRESS		
CITY-ST-ZIP	BOISE ID		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROSA, KARLA		NAME		
STREET ADDRESS	5777 N MEEKER AVE		STREET ADDRESS		
CITY-ST-ZIP	BOISE ID		CITY-ST-ZIP	83713	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	DIRECTOR	
STREET ADDRESS			STREET ADDRESS	ROBERT G. HAMLIN	
CITY-ST-ZIP			CITY-ST-ZIP	5777 N. MEEKER	
				BOISE, ID 83713	

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: **Karla Rosa** **4-26-00** **208-322-7575**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)