FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91299 042 ****61.25

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

DOCUMENT # N01000005442

1. Entity Name
LEHIGH X-TREME ALLSTARS, INC.

11024009

Principal Place of Business	Mailing Address
1713 POINSETTIA AVENUE LEHIGH ACRES, FL 33936	P.O. BOX 1359 LEHIGH ACRES, FL 33970

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 80-0025875 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEWART, MARTHA 1713 POINSETTIA AVENUE LEHIGH ACRES, FL 33936	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD STEWART, MARTHA 1713 POINSETTIA AVENUE LEHIGH ACRES, FL 33936	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VSD~~ GUNN, KELLY 409 E. BOUGAINVILLEA ROAD LEHIGH ACRES, FL 33936	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gunn Kelly	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOSS, KATHY 1736 UNICE AVENUE LEHIGH ACRES, FL 33971	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTGOMERY, JEAN M 1002 EDISON AVENUE LEHIGH ACRES, FL 33936	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CFOD~~ SHILATZ, NANCY A 807 ERIC AVENUE NORTH LEHIGH ACRES, FL 33971	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD Shilatz, Nancy	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Esposito, Rosemarie 904 Esposito Ln Lehigh Acres FL 33936	☐ Change ☒ Addition

CR2E037 (10/02)

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: Nancy A Shilatz 4/24/03 239-694-5661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NANCY A. SHILATZ