

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90086 048 ***150.00

DOCUMENT # P00000000603

1. Entity Name
XTREME INTERNET INC.

Principal Place of Business

~~10186 NW 47TH ST~~
~~SUNRISE FL 33351~~

Mailing Address

~~10186 NW 47TH ST~~
~~SUNRISE FL 33351~~

2. Principal Place of Business

3. Mailing Address

8535 Baymeadows #41

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32256

Country

USA

Zip

32256

Country

USA

4. FEI Number

65-0971272

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROSEBERRY, PHILLIP
1543 STONEBRIAR RD
GREEN CORE SPRINGS FL 32304

7. Name and Address of New Registered Agent

Name **Craig Roseberry**
Street Address (P.O. Box Number is Not Applicable) **1543 Stonebriar Rd**
City **Green Cove Springs** **FL** **Zip Code** **32304**

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]*

(NOTE: Registered Agent Signature required when reinstating)

DATE

2/11/02

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	ROSEBERRY, CRAIG	
STREET ADDRESS	1204 CORAL CLUB DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	TWITCHELL, MARTHA	
STREET ADDRESS	1204 CORAL CLUB DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Craig Roseberry	
STREET ADDRESS	1543 Stonebriar Rd	
CITY-ST-ZIP	Green Cove Springs 32304	
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martha Twitchell	
STREET ADDRESS	1543 Stonebriar Rd	
CITY-ST-ZIP	Green Cove Springs 32304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02

Date

904-636-0097

Daytime Phone #

CR2E034 (9/01)