

3/8/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

03-08-2001 90026 029 ***150.00

DOCUMENT # P00000018637

1. Entity Name

EXTREME TEEN COMPANY

Principal Place of Business

872 HAYNES TR.
GREEN COVE SPRINGS FL 32043

Mailing Address

872 HAYNES TR.
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

2141 LOCH RANE BLVD PO BOX 363

3. Mailing Address

872 HAYNES TR.
GREEN COVE SPRINGS FL 32043

Suite, Apt. #, etc.

112

Suite, Apt. #, etc.

872 HAYNES TR.
GREEN COVE SPRINGS FL 32043

City & State

Orange Park FL

City & State

Orange Park FL

Zip

32067 US

Zip

32067 US

4. FEI Number

59-3626795

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PENTIFALLO, CRAIG
872 HAYNES TR.
GREEN COVE SPRINGS FL 32043

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	JOSEPH CROW	2190 HIBISCUS AVE	MIDDLEBURG FL 32068		
VICE PRESIDENT	ERIC PLANK	6017 ROOSEVELT BLVD APT 100	JACKSONVILLE FL 32244		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01

Date

Daytime Phone #

CR2E034 (10/00)