

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90203 012 ***150.00

DOCUMENT # P00000073704

1. Entity Name
XTREME BIKE AND SKATE, INC.



Principal Place of Business
**2801 SW 20TH ST
SUITE 203
OCALA FL 34474**

Mailing Address
~~301 NW 59TH STREET~~
~~OCALA FL 34475~~



2. Principal Place of Business

3. Mailing Address
2801 S.W. 20th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 203

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
OCALA, Florida

4. FEI Number **59-3672846**

Applied For
Not Applicable

Zip

Country

Zip

Country

34474 MARION

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

BLASER, NICOLAS

~~301 NW 59TH STREET~~
OCALA FL 34475

Name **Blaser, Nicolas**

Street Address (P.O. Box Number is Not Acceptable)
6020 N.W. 2nd Avenue

City **OCALA** **FL** Zip Code **34475**

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 **Nicolas Blaser**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/03/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **BLASER, NICOLAS**
STREET ADDRESS ~~301 NW 59TH STREET~~
CITY-ST-ZIP ~~OCALA FL 34475~~

TITLE **DP & T** ☒ Change ☐ Addition
NAME **Blaser, Nicolas**
STREET ADDRESS **6020 N.W. 2nd Avenue**
CITY-ST-ZIP **OCALA, FL. 34475**

TITLE ~~DVT~~ ☒ Delete
NAME ~~SCHWEITZ, FRED~~
STREET ADDRESS ~~2841 SW 20TH STREET~~
CITY-ST-ZIP ~~OCALA FL 34474~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **BLASER, KIMBERLY**
STREET ADDRESS ~~301 NW 59TH ST~~
CITY-ST-ZIP ~~OCALA FL 34475~~

TITLE **S & V.P. & D** ☒ Change ☐ Addition
NAME **Blaser, Kimberly**
STREET ADDRESS **6020 N.W. 2nd Avenue**
CITY-ST-ZIP **OCALA, FL. 34475**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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: **Nicolas Blaser** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/03 (352) 291-5268

Date

Daytime Phone #

CR2E034 (10/02)