

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED

Mar 30, 2001 8:00 am
Secretary of State

03-12-2001 90025 029 ***150.00

DOCUMENT # P00000077090

1. Entity Name

EXTREME INVESTMENTS OF NORTH FLORIDA, INC.

Principal Place of Business

4401 TIDEVIEW DR.
JACKSONVILLE BEACH FL 32250

Mailing Address

4401 TIDEVIEW DR.
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ARNOLD, KIMBERLEY M
4401 TIDEVIEW DR.
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name
Kimberley M. Arnold
Street Address (P.O. Box Number is Not Acceptable)
4401 TIDEVIEW DR.
City Jacksonville, FL Zip Code 32250

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

Kimberley M. Arnold

(NOTE: Registered Agent signature required when reinstating)

DATE

3-7-01

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <i>K.A.</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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	President <i>Kimberley M. Arnold</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4401 Tideview Dr Jax Bch, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 all other like empowered.

SIGNATURE:

Kimberley M. Arnold *Kimberley M. Arnold* 3-7-01 (904) 568-0296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

33484



DO NOT WRITE IN THIS SPACE

59-3666993 - *dym Arnold*

4. FEI Number
59-3666993

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required