

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90006 038 ***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

1655 The Greens Way #221

3. Mailing Address

1655 The Greens Way

Suite, Apt. #, etc.

2421

Suite, Apt. #, etc.

2421

City & State

Jacksonville, Beach FL

City & State

Jacksonville, Beach FL

Zip

32250

Country

USA

Zip

32250

Country

USA

6. Name and Address of Current Registered Agent

**ARNOLD, KYMBERLEY M
 4401 TIDEVIEW DR.
 JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name

Kymberley M Arnold

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

1655 The Greens Way # 2421

City

Jacksonville Beach

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

Kymberley M Arnold **Kymberley M Arnold**

4/26/02

(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, 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	P	<input type="checkbox"/> Delete
NAME	ARNOLD, KYMBERLY M	
STREET ADDRESS	4401 TIDEVIEW DRIVE	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
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	<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	
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:

Kymberley M Arnold **Kymberley M Arnold**

4/26/02

(904)568-0296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)