

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90139 011 ***150.00

0001397

DOCUMENT # P01000000448

1. Entity Name

EXTREME RESPONSE, INC.

Principal Place of Business

Mailing Address

128 TOMAHAWK DRIVE
 INDIAN HARBOR BEACH FL 32937

128 TOMAHAWK DRIVE
 INDIAN HARBOR BEACH FL 32937

2. Principal Place of Business

128 TOMAHAWK Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INDIAN HBR. Bch FLA

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

32937

BREVARD

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

PANTON, GEORGE S JR
 128 TOMAHAWK DRIVE
 INDIAN HARBOR BEACH FL 32937

Name

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

City

FL

Zip Code

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 State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☐ Delete
 NAME PANTON, GEORGE S JR
 STREET ADDRESS 128 TOMAHAWK DRIVE
 CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937

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

TITLE D ☐ Delete
 NAME PANTON, GEORGE S JR
 STREET ADDRESS 128 TOMAHAWK DRIVE
 CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937

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

TITLE ☐ Delete
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 NAME
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

748141



DO NOT WRITE IN THIS SPACE