

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90110 040 \*\*\*150.00

0601394 AV

**DOCUMENT # P01000001186**

1. Entity Name  
**EXTREME GIRLS, INC.**



Principal Place of Business  
**13018 SHADOW BEND CT.  
WINTER GARDEN FL 34787**

Mailing Address  
**13018 SHADOW BEND CT.  
WINTER GARDEN FL 34787**



2. Principal Place of Business

**537 S HIGHLAND AVE**

3. Mailing Address

**537 S HIGHLAND AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WINTER GARDEN FL**

City & State

**WINTER GARDEN FL**

Zip

**34787**

Country

**US**

Zip

**34787**

Country

**US**

4. FEI Number

**59-3573118**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SMALLEY & COMPANY PA  
1517 E. HILLCREST ST.  
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

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

**1517 E Hillcrest ST**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE **PSD** ☐ Delete  
NAME **FOLTA-KENEALY, DANIELLE**  
STREET ADDRESS **13018 SHADOW BEND CT.**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **VD** ☐ Delete  
NAME **KENEALY, MICHAEL**  
STREET ADDRESS **13018 SHADOW BEND CT.**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

**MICHAEL KENEALY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/03**  
Date

**407 877 8123**  
Daytime Phone #

CR2E034 (10/02)