

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0011207 AV

DOCUMENT # P01000045163

1. Entity Name
XTREME SHOPPING NETWORK, INC.



FILED

03 AUG 28 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
655-1 W. FULTON ST.
SANFORD FL 32771

Mailing Address
655-1 W. FULTON ST.
SANFORD FL 32771

2. Principal Place of Business

61 ALAFAYA WOODS BLVD

3. Mailing Address

61 ALAFAYA WOODS BLVD

Suite, Apt. #, etc.

353

Suite, Apt. #, etc.

353

City & State

OVIEDO FL

City & State

OVIEDO FL

Zip

32765

Country

USA

Zip

32765

Country

USA

4. FEI Number 59-3717765

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RAMBO, BYRON
655-1 W. FULTON ST.
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name
RODGER D. MOSS, JR.

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

201 N. MAGNOLIA AVENUE

SUITE 300

City

ORLANDO

FL

Zip Code

32801

8. The above named or obligator for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE

Doc Moss

(if applicable)

(NOTE: Registered Agent sign)

8/26/03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAMBO, BYRON
655-1 W. FULTON ST.
SANFORD FL 32771 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPREEN, GEORGE
61 ALAFAYA WOODS BLVD, # 353
OVIEDO, FL 32765 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200022635962
08/28/03--01060--003 **\$50.00 ☐ Change ☐ Addition

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

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

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

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

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:

Doc Moss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

407.330.0991

Date

Daytime Phone #

CR2E034 (4/03)