FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 21, 2002 8:00 am Secretary of State DOCUMENT # P01000107190 1. Entity Name 08-21-2002 90093 012 ***150.00 EXTREME SITE DEVELOPMENT INC. Principal Place of Business Mailing Address 16363 TERESA LN 16363 TERESA LN N FT MYERS FL 33901 N FT MYERS FL 33901 2. Principal Place of Business 3. Mailing Address 7900 Nalle rede. 7900 Nalle Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 45-1148678 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П inited State United Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YEOMANS, CHAD Street Address (P.O. Box Number is Not Acceptable) 16363 TERESA LN N FT MYERS FL 33901 City 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 Fiorida. 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 -9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition YEOMANS, CHAD NAME 16363 TERESA LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N FT MYERS FL 33901 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME YEOMANS, NICHOLE NAME STREET ADDRESS 16363 TERESA LN STREET ADDRESS CITY-ST-ZIP N FT MYERS FL 33901 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

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.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

☐ Change

Addition

Atta chment

PO1000107190 c. 124239

EXTREME SITE DEVELOPMENT INC. 7900 Nalle Grade Rd. N. Ft. Myers, FL 33917 239-652-0045

August 16,2002

Florida Department of State Division of Corporations,

To Whom It May Concern:

We did not receive the renewal information due to an address change. Therefore, being a new Corporation, I was not aware of the deadline. I am enclosing a check for \$150.00 to cover the patment.

Thank you for your understanding. If I need to do anything further, please let me know.

The Correct address is. 7900 Nalle Grade Rd. N. Ft. Myers, FL 33917

Sincerely,

Nichole Yeomans Vice President