

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91455 009 ***150.00

DOCUMENT # P01000107190

1. Entity Name
EXTREME SITE DEVELOPMENT INC.



Principal Place of Business
**7900 NALLE GRADE RD
FORT MYERS FL 33917**

Mailing Address
**7900 NALLE GRADE RD
FORT MYERS FL 33917**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1148678**

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

7. Name and Address of New Registered Agent

**YEOMANS, CHAD
16363 TERESA LN
N FT MYERS FL 33901**

Name **Chad Yeomans**
Street Address (P.O. Box Number is Not Acceptable)
7900 Nalle Grade Rd

City **North Fort Myers** **FL** Zip Code **33917**

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 **Chad Yeomans President**

4-22-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	YEOMANS, CHAD	
STREET ADDRESS	16363 TERESA LN	
CITY-ST-ZIP	N FT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	YEOMANS, NICHOLE	
STREET ADDRESS	16363 TERESA LN	
CITY-ST-ZIP	N FT MYERS FL 33901	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yeomans, Chad	
STREET ADDRESS	7900 Nalle Grade Rd	
CITY-ST-ZIP	N. Ft. Myers, FL 33917	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yeomans, Nichole	
STREET ADDRESS	7900 Nalle Grade Rd.	
CITY-ST-ZIP	N. Ft. Myers, FL 33917	
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		

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chad yeomans 4-22-03 239-872-3151

Date

Daytime Phone #

CR2E034 (10/02)