

P020000067290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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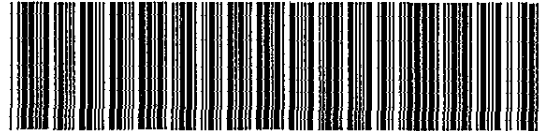
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

T BROWN FEB 14 2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Extreme Events, Inc.

(Name of corporation)

DOCUMENT NUMBER: P02000067290

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard Johnston, Jr.

(Name of person)

Kiesel, Hughes & Johnston - Attorney for Corporation

(Name of firm/company)

P.O. Drawer 1000

(Address)

Fort Myers, FL 33902

(City/state and zip code)

For further information concerning this matter, please call:

Richard Johnston, Jr.

(Name of person)

at (

239

) 337-3900

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

KIESEL, HUGHES & JOHNSTON

ATTORNEYS AT LAW

2121 MCGREGOR BOULEVARD, FORT MYERS, FLORIDA 33901

A. JOHN HUGHES, JR. (239) 337-4500
RICHARD JOHNSTON, JR. (239) 337-3900
THOMAS F. KIESEL (239) 334-1800

REPLY TO: POST OFFICE BOX 1000
FORT MYERS, FLORIDA 33902
FACSIMILE (239) 337-7968

February 5, 2003


Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: **Extreme Events, Inc.**
Docket Number: P02000067290

To Whom It May Concern:

Enclosed is a transmittal letter and statement of change of registered office or registered agent or both for corporations, together with my check in the amount of \$35.00 for the filing of same in the above-referenced matter. Please return a time-stamped copy of the statement in the enclosed self-addressed envelope.

Sincerely,



Richard Johnston, Jr.

RJ/mmp
Enclosure

cc: Extreme Events, Inc.

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Extreme Events, Inc.
2. The principal office address: 2328 S.E. 8th Place, Cape Coral, Florida 33990

3. The mailing address (if different): _____

4. Date of incorporation/qualification: June 18, 2002 Document number: P02000067290

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Stephanie A. Reinicke

1800 Second Street, Suite 803

Sarasota, FL 34236

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Roberta M. Fuller

2328 S.E. 8th Place

(P.O. Box or personal mailbox NOT acceptable)
Cape Coral, FL 33990

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.

Roberta Fuller
(Signature of an officer, chairman or vice chairman of the board)

Roberta M. Fuller, President/Director
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Roberta Fuller
(Signature of Registered Agent)

Jan 21, 03
(Date)

If signing on behalf of an entity:

Roberta M. Fuller

Successor Registered Agent

(Typed or Printed Name)

(Capacity)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314