

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91046 006 ***150.00

DOCUMENT # **P02000122543**

1. Entity Name
XTREME ACTION INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4081 L B McCloud #E

Suite, Apt. #, etc.

#E

City & State

Orlando FL

Zip

32811

Country

US

3. Mailing Address

3440 Canteen Ct

Suite, Apt. #, etc.

City & State

Land Lakes FL

Zip

34639

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

61-1432586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Wilfredo Ortiz

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

4081 McCloud #E

City

Orlando

FL

Zip Code

32811

**DO NOT WRITE
IN THIS SPACE**

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.

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**President
Wilfredo Ortiz
4081 McCloud #E
Orlando FL 32811**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.4.03

CR2E034B (12/01)