2004 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P03000003078

1. Entity Name
Xtreme Athletic SportStyle, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 10 AM 11:20

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address | DO NOT WRITE IN THIS SPACE 04 |
|---|---|---|
| 3533 Edgewater Dr. | 3533 Edgewater Dr. | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State: Sebring, FL. | City & State: Sebring, FL. | 4. FEI Number: 14-1864872 ☐ Applied For ☐ Not Applicable |
| Zip: 33872 Country: USA | Zip: 33872 Country: USA | 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required |

**DO NOT WRITE IN THIS SPACE**

7. **Name and Address of Current Registered Agent**

Name: Goad, James T.

Street Address (P.O. Box Number is Not Acceptable):
3533 Edgewater Dr.

City: Sebring, **FL** Zip Code: 33872

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] JAMES T GOAD APRIL 28 04
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: P, S, D | | TITLE | 500037992725 |
| NAME: Goad, James T. | | NAME | 06/16/04--01005--010 **150.00 |
| STREET ADDRESS: 3533 Edgewater Dr. | | STREET ADDRESS | |
| CITY-ST-ZIP: Sebring, FL 33872 | | CITY-ST-ZIP | |
| TITLE: [illegible] | | TITLE | |
| NAME: [illegible] | | NAME | |
| STREET ADDRESS: [illegible] | | STREET ADDRESS | |
| CITY-ST-ZIP: [illegible] | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |

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] 1/5/2004 863 835 0447 PH (863) 471-1638 FAX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #