

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075745

1. Entity Name
NEW EXTREME, INC.

FILED

02 JAN 25 PM 12: 28

Principal Place of Business
2348 PINE RIDGE RD
NAPLES FL 34109
US

Mailing Address
2480 GOLF TRAIL CT
AURORA IL 60506
US



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

65-0610521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STREIT, EDWARD J
2348 PINE RIDGE RD
NAPLES FL 34109

Name

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

500004380175-2

-02/05/02--01044--001

City

****900.00 FL ****900.00

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

Edward J. Streit

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)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVTS
NAME STREIT, JULIE D
STREET ADDRESS 2480 GOLF TRAIL CT
CITY-ST-ZIP AURORA IL 60506 ☐ Delete

TITLE DVTS
NAME Streit, Julie D
STREET ADDRESS 2112 W. Galena Blvd. #8-458
CITY-ST-ZIP AURORA, IL 60506 ☒ Change ☐ Addition

TITLE DP
NAME STREIT, EDWARD J
STREET ADDRESS 2480 GOLF TRAIL CT
CITY-ST-ZIP AURORA IL 60506 ☐ Delete

TITLE DP
NAME Streit Edward J
STREET ADDRESS 2112 W. Galena Blvd. #8-458
CITY-ST-ZIP AURORA IL 60506 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Edward J. Streit
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-9-01 (630) 692-1000

CR2E034 (5/01)