

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077605

1. Entity Name

EXTREME EYEWEAR, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90972 023 ***150.00

Principal Place of Business

Mailing Address

398 CAMINO GARDENS BLVD.
 SUITE 110
 BOCA RATON FL 33432

398 CAMINO GARDENS BLVD.
 SUITE 110
 BOCA RATON FL 33487-1620

2. Principal Place of Business

3. Mailing Address

7940 N. Federal Hwy
 Suite, Apt. #, etc.

7940 N. Federal Hwy
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Boca Raton FL

Boca Raton FL

4. FEI Number

65-0783149

Applied For

Not Applicable

Zip

Country

33487

Palm Beach

Zip

Country

33487

Palm Beach

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

GLACKMAN, NEIL
 398 CAMINO GARDENS BLVD.
 SUITE 110
 BOCA RATON FL 33432

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	GLACKMAN, NEIL	
STREET ADDRESS	398 CAMINO GARDENS BLVD. STE. 110	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Block 12 if changed, 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 #

CR2E034 (9/99)