

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90055 018 ***150.00

DOCUMENT # P98000010553

1. Entity Name
FLORIDA XTREME INCORPORATED



Principal Place of Business
**200 EAST ROBINSON STREET STE. 500
ORLANDO FL 32801**

Mailing Address
**200 EAST ROBINSON STREET STE. 500
ORLANDO FL 32801**



2. Principal Place of Business
460 N ORLANDO AVE
Suite, Apt. #, etc.
STE 100

3. Mailing Address
1842 SAILFISH CT
Suite, Apt. #, etc.

City & State
WINTER PARK FL
Zip
32789
Country
USA

City & State
KISSIMMEE FL
Zip
34744
Country
USA

4. FEI Number **59-3495855**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRY, STONER, DELANCETT & BROWN, P.A.
200 E ROBINSON ST
SUITE 500
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
PHILLIP OWEN
Street Address (P.O. Box Number is Not Acceptable)
1842 SAILFISH CT
City
KISSIMMEE FL Zip Code
34744

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/6/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWEN, PHILLIP C 1509 SUNSET POINTE PLACE KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OWEN, AMIE E 1842 SAILFISH CT KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWEN, MARIAN L 1509 SUNSET POINTE PLACE KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OWEN, PHILLIP DENNIS 1842 SAILFISH CT KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03
Date

407-628-1865
Daytime Phone #