(5/01)

CR2E034

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000056109 1. Entity Name EXTREME CONSTRUCTORS, INC. 02 SEP 27 PM 5: 09 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 913 NORTHEAST 23RD TERRACE 913 NORTHEAST 23RD TERRACE POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address ENSTATEMENT ASEX Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 65-0855331 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DORER, ERIC J ESQ. Street Address (P.O. Box Number is Not Acceptable) 30 NORTHEAST THIRD STREET FT LAUDERDALE FL 33301 3794 W. Valley Green 8. The above pamed 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Change Addition NAME DORER, ERIC J ESQ. NAME PO BOX 411 STREET ADDRESS 30 NORTHEAST THIRD STREET STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33301-1042 CITY-ST-ZIP Mcdboorne, Pc. 32941 TITLE **Delete** TITLE 7000082017 NAME LAMPERT, BRUCE NAME -10/04/02--01027--024 STREET ADDRESS 913 NE 23RD TERR STREET ADDRESS ****908.75 ****988.75 CITY-ST-ZIP POMPANO BCH FL 33062 CITY-ST-ZIP 🔀 Delete TITLE Change ☐ Addition LAMPERT, BRUCE NAME STREET ADDRESS 913 NE 23RD TERR STREET ADDRESS CITY-ST-ZIP POMPANO BCH FL 33062 CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iF 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 w an address, with all-other like empowered.

SIGNATURE:

Daytime Phone #