

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90064 020 ***150.00

DOCUMENT # P98000060830

1. Entity Name

XTREME DESIGN, INC.

Principal Place of Business

Mailing Address



2. Principal Place of Business

5490 6th ST S

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33705

Country

FLORIDA

Zip

33705

Country

FLORIDA

4. FEI Number

59-3522007

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELODY STONE
 5490 6TH ST S
 ST. PETERSBURG, FL 33705

7. Name and Address of New Registered Agent

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, 2001 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

TITLE **PRESIDENT**
 NAME **MELODY STONE**
 STREET ADDRESS **MELODY STONE**
 CITY-ST-ZIP **MELODY STONE**

TITLE **VICE PRESIDENT, TREASURER**
 NAME **JOHN STONE**
 STREET ADDRESS **JOHN STONE**
 CITY-ST-ZIP **JOHN STONE**

TITLE **SECRETARY**
 NAME **JOHN STONE**
 STREET ADDRESS **JOHN STONE**
 CITY-ST-ZIP **JOHN STONE**

TITLE **ADDITIONAL OFFICER**
 NAME **JOHN STONE**
 STREET ADDRESS **JOHN STONE**
 CITY-ST-ZIP **JOHN STONE**

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 CITY-ST-ZIP **JOHN STONE**

TITLE **ADDITIONAL OFFICER**
 NAME **JOHN STONE**
 STREET ADDRESS **JOHN STONE**
 CITY-ST-ZIP **JOHN STONE**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT**
 NAME **MELODY STONE**
 STREET ADDRESS **MELODY STONE**
 CITY-ST-ZIP **MELODY STONE**

TITLE **VICE PRESIDENT, TREASURER**
 NAME **JOHN STONE**
 STREET ADDRESS **JOHN STONE**
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TITLE **ADDITIONAL OFFICER**
 NAME **JOHN STONE**
 STREET ADDRESS **JOHN STONE**
 CITY-ST-ZIP **JOHN STONE**

TITLE **ADDITIONAL OFFICER**
 NAME **JOHN STONE**
 STREET ADDRESS **JOHN STONE**
 CITY-ST-ZIP **JOHN STONE**

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

4/24/01

Date

727-865-3918

Daytime Phone #

CR2E034 (11/00)