

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90806 044 ***150.00

0400533 AV

DOCUMENT # P98000062421

1. Entity Name
EXTREME AUTO & TRUCK, INC.



Principal Place of Business
~~2540 N.W. BOCA RATON BLVD.~~
~~BOCA RATON FL 33432~~

Mailing Address
~~2540 N.W. BOCA RATON BLVD.~~
~~BOCA RATON FL 33432~~



2. Principal Place of Business
854 SW 12 Ave.
Suite, Apt. #, etc.

3. Mailing Address
854 SW 12 Ave
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Pompano Beach FL
Zip
33069
Country
US

City & State
Pompano Beach FL
Zip
33069
Country
US

4. FEI Number
65-0851498

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. 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)

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	P	<input type="checkbox"/> Delete
NAME	DESANTIS, DAMON	
STREET ADDRESS	12594 N. SUNRISE BLVD.	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DONOVAN, KIM	
STREET ADDRESS	11731 N.W. 34 PL	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	S	<input type="checkbox"/> Delete
NAME	DONOVAN, STEVE	
STREET ADDRESS	11731 NW 34TH PLACE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/03 954-738-4000

CR2E034 (10/02)