

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**  
 05-23-2000 90191 048 \*\*\*158.75

DOCUMENT # **P99000002462**  
 1. Entity Name  
**XTREME TELEMETRY SYSTEMS INC**

2. Principal Place of Business  
**100 S. ORANGE AVE**  
 Suite, Apt. #, etc.  
**300**  
 City & State  
**ORLANDO FL**  
 Zip  
**32801** Country  
**USA**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 4. FEI Number  
**59-3556477** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ROBERT JACKSON**  
**524 SOUTH ANDREWS AVE**  
**STE 200 N**  
**FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent  
 Name  
**HELMUTH WYZISK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**XTREME TELEMETRY SYSTEMS INC**  
**100 S. ORANGE AVE** **STE 300**  
 City **ORLANDO** **FL** Zip Code **32801**

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 **ROBERT B JACKSON** DATE **4-25-00**  
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 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>PRESIDENT: HELMUTH WYZISK 100 S. ORANGE AVE STE 300 ORLANDO FL 32801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

12. 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	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: **HELMUTH WYZISK**  DATE **4-25-00** DAYTIME PHONE # **407-481-8900**  
Signature and typed or printed name of signing officer or director

CR2E034 (9/99)