

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P99000002462

XTREME TELEMETRY SYSTEMS INC

Principal Place of Business

Mailing Address

FILED

May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90191 048 \*\*\*158.75

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

Zip

Country

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

4-25-00

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, 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

PRESIDENT:

HELMUTH WYZISK

☐ Delete

STREET ADDRESS

100 S. ORANGE AVE STE 300

CITY - ST - ZIP

ORLANDO FL 32801

TITLE

☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ Delete

STREET ADDRESS

CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

407-481-8900

Daytime Phone #

CR2E034 (9/99)