

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 19, 2000 8:00 am  
Secretary of State

05-15-2000 90313 047 \*\*\*150.00

DOCUMENT # P99000027941

1. Entity Name

XTREME ADVERTISING OF MIAMI, INC.

Principal Place of Business

836 PONCE DE LEON BLVD  
CORAL GABLES FL 33134

Mailing Address

836 PONCE DE LEON BLVD  
CORAL GABLES FL 33134-3041

2. Principal Place of Business

215 5th Street

3. Mailing Address

215 5th Street

Suite, Apt. #, etc.

Suite 108

Suite, Apt. #, etc.

Suite 108

City & State

WPB, FLA

City & State

WPB, FLA

Zip

33401

Country

USA

Zip

33401

Country

USA

4. FEI Number

65-0828196

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIORDANO, JOHN N  
220 SOUTH FRANKLIN STREET  
TAMPA FL 33602

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Vice President  
STREET ADDRESS Heaton, Lee W.  
CITY-ST-ZIP 215 5th St. #108  
WPB, FLA 33401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME President/Secretary  
STREET ADDRESS Heaton, Linn O.  
CITY-ST-ZIP 215 5th St. #108  
WPB, FLA 33401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(f), 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:

*Lee Heaton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lee Heaton  
VP

*Av.P.*

CR2E034 (9/99)