

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047236

1. Entity Name

EXTOR, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90166 007 ***150.00

Principal Place of Business

Mailing Address

8658 SOUTHEAST OLEANDER STREET
HOBE SOUND FL 33455

8658 SOUTHEAST OLEANDER STREET
HOBE SOUND FL 33455-5117

BCC18494

2. Principal Place of Business

3. Mailing Address

P.O. Box 9

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

HOBE SOUND, FL

4. FEI Number

65-0924043

Applied For

Not Applicable

Zip

Country

Zip

Country

33475

USA

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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	PTD	<input type="checkbox"/> Delete
NAME	DAIL, CHARLES E JR.	
STREET ADDRESS	8658 SOUTHEAST OLEANDER STREET	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	DAIL, TERRY A	
STREET ADDRESS	8658 SOUTHEAST OLEANDER STREET	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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

TERRY A DAIL

SECRETARY

Date

2-7-2000

Daytime Phone #

561 645 3121

CR2E034 (9/99)