

05/23/2000 08:12 954-537-4114

EXTRAORDINARY I

UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90002 011 ****88.75

05-04-2000 90068 005 ****61.25

DOCUMENT # P99000062232

1. Entity Name

Extraordinary Results, Inc.

Principal Place of Business

Mailing Address

1712 NE 16 Street
 Ft. Lauderdale, FL 33304

(same)

2. Principal Place of Business

1712 NE 16 Street

3. Mailing Address

(same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

4. FEI Number

65-0934304

Applied For

Not Applicable

Zip

33304

Country

Broward

Zip

Country

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

Todd S. Payne, Esq.
 Zebersky, Payne & Kushner, LLP
 3850 Hollywood Blvd., Suite 204
 Hollywood, FL 33021

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

FILE NOW
FEES \$1259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
Director	Jacqueline Tuchler	1712 NE 16 Street	Ft. Lauderdale, FL 33304	☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition

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 617, 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

954/537-4113

Daytime Phone #

CR2E037 (9/99)