

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90136 036 \*\*\*150.00

DOCUMENT # P99000071162

1. Entity Name

EXTREME WHEELS, INC. ✓



**DO NOT WRITE IN THIS SPACE**

90073215

2. Principal Place of Business  
1831 S.W. 116 Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
1831 S.W. 116 Avenue  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Davie FL

City & State  
Davie FL

4. FEI Number  
65-0975594

Applied For  
Not Applicable

Zip Country  
33325 U.S.A.

Zip Country  
33325 U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
TERMAN, JOSEPH

Street Address (P.O. Box Number is Not Acceptable)  
1831 S.W. 116 Avenue

City DAVIE FL Zip Code 33325

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV TERMAN, JOSEPH 1831 SW 116 Avenue Davie FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TERMAN, PATRICIA 1831 SW 116 Avenue Davie FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-01-03 (954) 585-0204

CR2E034B (12/02)