

# 2000 UNIFORM BUSINESS REPORT (UBR)

5.

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**  
 05-17-2000 90876 048 \*\*\*150.00

**DOCUMENT # P99000089970**

1. Entity Name

**XTREME FRIENDS, INC.**

Principal Place of Business

25359 2ND STREET  
 SUGARLOAF KEY FL 33042

Mailing Address

25359 2ND STREET  
 SUGARLOAF KEY FL 33042-4517

2. Principal Place of Business

**3201 Flagler Avenue**

Suite, Apt. #, etc.

**Suite 506**

City & State

**Key West FL**

Zip

**33040**

Country

**Monroe**

3. Mailing Address

**40 Ward & Meyers, L.L.C.**

Suite, Apt. #, etc.

**3201 Flagler Avenue, Suite 506**

City & State

**Key West FL**

Zip

**33040**

Country

**Monroe**

4. FEI Number

**65-0949577**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

*Please change address*

**HEANEY-GRIER, MEHGAN**  
**25359 2ND STREET**  
**SUGARLOAF KEY FL 33042**

7. Name and Address of New Registered Agent

Name

**Heaney-Grier, Meghan**

Street Address (P.O. Box Number is Not Acceptable)

**40 Ward & Meyers, LLC**

**3201 Flagler Avenue, Suite 506**

City

**Key West**

FL

Zip Code

**33040**

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

TITLE ☐ Delete  
 NAME **PRESIDENT, SECRETARY, TREASURER**  
 STREET ADDRESS **MEHGAN HEANEY - GRIER**  
 CITY-ST-ZIP **40 WARD & MEYERS, LLC. CPAS**  
**3201 FLAGLER AVE. SUITE 506**  
**KEY WEST, FL 33040**

TITLE ☐ Delete  
 NAME **DIRECTOR**  
 STREET ADDRESS **MEHGAN HEANEY-GRIER**  
 CITY-ST-ZIP **40 WARD & MEYERS LLC. CPAS**  
**3201 FLAGLER AVE SUITE 506**  
**KEY WEST, FL 33040**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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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)(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:

**MEHGAN HEANEY - GRIER**

**4/27/00**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR/E034 (9/99)