2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2000 8:00 am Secretary of State DOCUMENT # **P99000099449** E-XTREME SOLUTIONS, INC. 04-12-2000 90194 030 ***150.00 Mailing Address Principal Place of Business 1260-3 BEACH BLVD.. #205 1260-3 BEACH BLVD., #205 JACKSONVILLE FL 32246-7172 JACKSONVILLE FL 32246 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4, FEI Number City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent METER DAVID Street Address (P.O. Box Number is Not Acceptable) 5118 CITY ST., #532 ORLANDO FL 32839 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition Adam C. Pound 1710 Wells Rd. Apt # 1318 ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS Orange Park, Fl. 32073 CITY-ST-ZIP CITY-ST-ZIP Change ✓ Addition ☐ Delete Bobby H. Borneke II 489 Aguetic Dr. Atlantic Beach, Fl. 32233 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE Kenneth W. Kelly NAME NAME HCI BOX GOF STREET ADDRESS STREET ADDRESS Crescent City Fl. 32112 CITY-ST-ZIP CITY-ST-ZIP ☐ Change **MAddition** Delete TITLE TITLE Joseph A. Pound, Jr. NAME NAME 2420 Tuin Sprins Dr. North STREET ADDRESS STREET ADDRESS JACKSONVIlle F1. 52246 CITY-ST-ZIP CITY-ST-ZIP ſ[™] Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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 with all other like empowered.

SIGNATURE:

CR2E034 (9/99