

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000099449

1. Entity Name
E-XTREME SOLUTIONS, INC.

Principal Place of Business
 1260-3 BEACH BLVD., #205
 JACKSONVILLE FL 32246

Mailing Address
 1260-3 BEACH BLVD., #205
 JACKSONVILLE FL 32246

2. Principal Place of Business
 12620-3 BEACH BLVD., #205

3. Mailing Address
 12620-3 BEACH BLVD., #205

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 JACKSONVILLE FL

City & State
 JACKSONVILLE FL

4. FEI Number
59-3679641
 Applied For
 Not Applicable

Zip Country
 32246

Zip Country
 32246

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

METER DAVID
 5118 CITY ST., #532
 ORLANDO FL 32839 US

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 _____ **04/19/2001**
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, 2001 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 S Delete
 NAME POUND JOSEPH AJR
 STREET ADDRESS 2420 TWINSPRINGS DR NORTH
 CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE P Change Addition
 NAME POUND JOSEPH AJR
 STREET ADDRESS 2420 TWINSPRINGS DR NORTH
 CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE T Delete
 NAME KELLY KENNETH W
 STREET ADDRESS HC1 BOX 60F
 CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V Delete
 NAME BOENEKE BOBBY HII
 STREET ADDRESS 489 AGUSTIC DR
 CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P Delete
 NAME POUND ADAM C
 STREET ADDRESS 1710 WELLS RD APT 1318
 CITY-ST-ZIP ORANGE PARK FL 32073

TITLE V Change Addition
 NAME POUND ADAM C
 STREET ADDRESS 1710 WELLS RD APT 1318
 CITY-ST-ZIP ORANGE PARK FL 32073

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Joseph Pound **A** **04/19/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)