

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103881

1. Entity Name

YOLO EXTREME, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90857 030 ***150.00

Principal Place of Business

Mailing Address

609 MAINE COURT
LONGWOOD FL 32750

609 MAINE COURT
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

233 East State Road 434

233 East State Road 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Longwood FL

Longwood FL 32750

Zip
32750

Country
USA

Zip
32750

Country
USA

4. FEI Number

59-3610692

☒ Applied For

☐ Not Applicable

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

CAMPBELL, DONALD G VI
609 MAINE COURT
LONGWOOD FL 32750

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

DONALD G. CAMPBELL, President

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CAMPBELL, DONALD G VI
609 MAINE COURT
LONGWOOD FL 32750

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT
BRIAN J. HEARN
2110 SW 4th Place
Longwood, FL 32779
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD G. CAMPBELL, PRES. 4-28-00

Date

Daytime Phone #

407 831 6339



DO NOT WRITE IN THIS SPACE