

2000 UNIFORM BUSINESS REPORT (UBR)

1012

DOCUMENT # **P99000108459**
 1: Entity Name **EXTRAME Construction, Inc.**

06-19-2000 90004 017 ***150.00
 FILED P99000108459
 SECRETARY OF STATE
 DIVISION OF CORPORATION

00 SEP 13 AM 10:35

Principal Place of Business Mailing Address
1417 Newton Street
Port Charlotte, FL
33952

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0966276** Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DAVID WYMAN
1417 Newton Street
Port Charlotte, FL
33952

7. Name and Address of New Registered Agent
 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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)(l), 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]** **6/12/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Division Form #

9/11/00 as per your request —

20F2

Shirley C. Lours

TAXPAYER'S COPY

BOOKKEEPING and TAX SERVICE

121 East Charlotte Ave., Punta Gorda, FL 33950

June 12, 2000

Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

Please Call
941-575-8822

RE: Extreme Construction, Inc.
65-0966276

Thank you.

As per our conversation today, I am enclosing a signed UBR and check in the amount of \$150.00. As per your instructions, this letter is a letter of explanation for the late filing.

My client incorporated 12/99 and did NOT receive a UBR for filing before May 1, 2000.

If I can be of any further assistance to you, please do not hesitate to contact either myself or my client.

Sincerely,

SHIRLEY'S BOOKKEEPING & TAX SERVICE

Peggy S. Graham
Account Executive

Cc: Extreme Construction, Inc.
file

COPY