

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S72224

1. Entity Name

EXTRANEUS COMPANY, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90092 045 ***150.00

Principal Place of Business 9143 PHILLIPS HWY SUITE 145 JACKSONVILLE FL 32256	Mailing Address 9143 PHILLIPS HWY SUITE 145 JACKSONVILLE FL 32256-1361
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2. Principal Place of Business 9446 Philips Suite 5A Suite, Apt. #, etc.	3. Mailing Address 9446 Philips Suite, Apt. #, etc. Suite 5A
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City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32256	Country DUVAL
Zip 32256	Country DUVAL

4. FEI Number 59-3085840	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STRANGE, ANTON 9143 PHILLIPS HWY., 145 JACKSONVILLE FL 32256	7. Name and Address of New Registered Agent Name STRANGE, ANTON Street Address (P.O. Box Number is Not Acceptable) 521 FRESH Pond ROAD City Ponte Vedra Beach FL Zip Code 32082
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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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRANGE, MARJORIE 35 SEA WINDS LN S PONTE VEDRA BCH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STRANGE, MARJORIE 521 FRESH Pond Road Ponte Vedra Bch, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Marjorie Strange **REQUIRE** STRANGE 4-13-00 904-880-0309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #