

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

0019521

**DOCUMENT # L01000019150**

1. Entity Name  
**ULTRACORP INTERNATIONAL, L.L.C.**

05-22-2002 90219 040 \*\*\*\*50.00

Principal Place of Business      Mailing Address  
**295 GOOLSBY BOULEVARD**      **295 GOOLSBY BOULEVARD**  
**DEERFIELD BEACH FL 33442**      **DEERFIELD BEACH FL 33442**

0 0 0 1 0 1

2. Principal Place of Business      3. Mailing Address  
**295 GOOLSBY Blvd**      **295 GOOLSBY Blvd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
 Zip      Country      Zip      Country      **05-1157823**      Not Applicable  
 5. Certificate of Status Desired            **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ROBINSON, WILLIAM**  
**295 GOOLSBY BOULEVARD**  
**DEERFIELD BEACH FL 33442**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<b>C.E.O.</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>William G. Robinson</b>		NAME		
STREET ADDRESS	<b>295 Goolsby Blvd</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Deerfield Beach, FL 33442</b>		CITY-ST-ZIP		
TITLE	<b>President</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ave Keller</b>		NAME		
STREET ADDRESS	<b>295 Goolsby Blvd</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Deerfield Beach, FL 33442</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *William G. Robinson*      Date: **4-29-02**      Daytime Phone #: **(954) 596-2701**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)