2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 19, 2001 8:00 am **DOCUMENT # M52953 Secretary of State** 1. Entity Name ULRICH INVESTMENT CORPORATION 02-19-2001 90042 014 ***158.75 Principal Place of Business Mailing Address 6306 WAXMYRTLE CR. 6306 WAXMYRTLE CR. TAMARAC FL 33319 TAMARAC FL 33319 NEW ADDRESS: 2. Principal Place of Business 3. Mailing Address 3200 NW 133 d TERR 3200 NW Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2819928 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHANGE OF ADDR. MIDDLEBROOKS, PAMELA M., EQ. Street Address (P.O. Box Number is Not Acceptable) 6401 Park of Commerce Blad. NW Boca Raton, FL 3348 Tcity 220 SE 10TH STREET FT. LAUDERDALE FL 33316 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete ☐ Addition NAME NAME ULRICH, STEVEN L. STREET ADDRESS STREET ADDRESS 6306 WAXMYRTLE CIRCLE CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL TITLE ST ☐ Delete TITLE ☐ Change ☐ Addition ULRICH, RAGNHILD, K STREET ADDRESS STREET ADDRESS 6306 WAXMYRTLE CIR. CITY-ST-ZIP CITY-ST-7/P TAMARAC FL Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Addition ☐ Delete NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

tresident

2-4-2001

CR2E034 (10/00)