

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000093980

1. Entity Name
ULTIMATE NDT INC.



Principal Place of Business
6703 NW 190 ST
MIAMI, FL 33015

Mailing Address
6703 NW 190 ST
MIAMI, FL 33015



02152004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1047141

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

WILLIAMS, DAVE M
6703 NW 190 ST
MIAMI, FL 33015

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000108203
04/09/04-80046-005 150.00

10. OFFICERS AND DIRECTORS

TITLE DVP
NAME GRIGSBY, CARLOS E
STREET ADDRESS 13030 SW 257 TERR
CITY- ST- ZIP MIAMI, FL 33032

TITLE PD
NAME WILLIAMS, DAVE M
STREET ADDRESS 6703 NW 190 ST
CITY- ST- ZIP MIAMI, FL 33015

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CITY- ST- ZIP

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dave M. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-04 305-6258645
Date Daytime Phone #