

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90962 002 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000088361**

1. Entity Name  
**ULTRACUTS OF AMERICA, INC.**



Principal Place of Business  
**2615 COVECAY DRIVE UNIT 407  
 CLEARWATER, FL 33760**

Mailing Address  
**2615 COVECAY DRIVE UNIT 407  
 CLEARWATER, FL 33760**

2. Principal Place of Business  
**17516 Preserve Walk Lane**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 47135**  
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Tampa, Florida**

City & State  
**Tampa, FL**

4. FEI Number  
**82-0559195** Applied For  
 Not Applicable

Zip  
**33647** Country  
**Hillsborough**

Zip  
**33647** Country  
**Hillsborough**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**YOUNG, ERIC**  
~~**2615 COVECAY DRIVE UNIT 407 -**~~  
~~**CLEARWATER, FL 33760**~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**17516 Preserve Walk Lane**  
 City  
**Tampa** FL Zip Code  
**33647**

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

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>YOUNG, ERIC</b> <b>2615 COVECAY DRIVE UNIT 407</b> <b>CLEARWATER, FL 33760</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17516 Preserve Walk Lane</b> <b>Tampa, Florida 33647</b>
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **2-22-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)