2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000011201

1. Entity Name

ULPHI CORPORATION

Principal Place of Business
1105 CAPE CORAL PKWY E., SUITE C
CAPE CORAL FL 33904

Mailing Address
MONIKA SAMMONS
444 NORTH WINDSOR RD
WINDSOR SC 29856

MOORE CR2E034 (11/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt # etc.
City & State
Zip | Country

4. FEI Number 65-0895521 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT, CHRISTINE F
1105 CAPE CORAL PKWY E., SUITE C
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

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. 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
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	Delete
D GRAESSER, ULRIKE D ROSSBERGSTR 3 GRUENSTADT, GERMANY D-67269	☐
D GRAESSER, PHILIPP H ROSSBERGSTR 3 GRUENSTADT, GERMANY D-67269	☐
	☐
	☐
	☐
	☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
U000000076754 03/05/04-80015-003 150.00	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

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.

FOR ULPHI CORP.

SIGNATURE: Monika O. Sammons, MONIKA O. SAMMONS, PRES. 2-28-04 / 803-952-7818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #