

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V43137

1. Entity Name

ULTIMATE INTERNATIONAL, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90056 019 ***158.75

Principal Place of Business

Mailing Address

4631 N. DIXIE HIGHWAY
BOCA RATON FL 33431
US

4631 N. DIXIE HIGHWAY
BOCA RATON FL 33431-5030
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0365161

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WECKERING, KATHLEEN
1764 FIELDBROOK CIR.
BOCA RATON FL 33496

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

PD

☐ Delete

NAME

WECKERING, DANIEL

STREET ADDRESS

1764 FIELD BROOK CIR.

CITY-ST-ZIP

BOCA RATON FL 33496

TITLE

STD

☐ Delete

NAME

WECKERING, KATHLEEN

STREET ADDRESS

1764 FIELDBROOK CIR.

CITY-ST-ZIP

BOCA RATON FL 33496

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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.

SIGNATURE:

KATHLEEN WECKERING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/00 561-347-1531

CR2E034 (9/99)