

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State
 02-23-2000 90024 047 ***150.00

DOCUMENT # 655740

1. Entity Name

ULMER CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

**810 SATURN STREET
 SUITE 16
 JUPITER FL 33477
 US**

**810 SATURN STREET
 #16
 JUPITER FL 33477-4398
 US**

916304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PMB #430

810 Saturn St. #16

Jupiter, FL

33477

US

4. FEI Number **59-2012520**

Applied For

Not Applicable

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

**ULMER, LINDA
 7859 SE RIVERS EDGE STREET
 JUPITER FL 33458**

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

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	<input type="checkbox"/> Delete
NAME	ULMER, DONALD E	
STREET ADDRESS	7859 S.E. RIVEREDGE STREET	
CITY-ST-ZIP	JUPITER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ULMER, LINDA	
STREET ADDRESS	7859 S.E. RIVEREDGE STREET	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> Delete
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Umler **Linda Umler**

2/17/00

561744648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #