

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90214 017 ***150.00

DOCUMENT # F02000001143

1. Entity Name

Conveyor-Matic, Inc.



DO NOT WRITE IN THIS SPACE

11034134

2. Principal Place of Business
31475 Utica Rd.

Suite, Apt. #, etc.

3. Mailing Address
10125 N. Ocean Blvd, Apt. 104

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fraser, MI

City & State
Pompano Beach, FL

4. FEI Number
38-1551920

Applied For
Not Applicable

Zip Country
48026 U.S.A.

Zip Country
33062 U.S.A.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Norbert M. Ulrich

Street Address (P.O. Box Number is Not Acceptable)
1012 N. Ocean Blvd., Apt 1 104

City Pompano Beach FL Zip Code 33062

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 *Norbert M. Ulrich* Norbert M. Ulrich Chrm/Pres.

4-30-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
Chairman/President
Norbert M. Ulrich
1012 N. Ocean Blvd., Apt. 104
Pompano Beach, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Norbert M. Ulrich* NORBERT M. ULRICH

4-30-03 954-943-8004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)