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Florida Department of State  
Division of Corporations  
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Division of Corporations  
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From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**ULTRA LUM ENTERPRISES, INC.**

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ULTRALUM

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

**1. ULTRA LUM ENTERPRISES, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ine.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. NEW JERSEY**

(State or country under the law of which it is incorporated)

**3. 22-365-6560**

(FEL number, if applicable)

**4. 5-13-1999**

(Date of incorporation)

**5. PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

**6.**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 2664 Enterprise Rd. Suite A-2, Clearwater, FL 33763**

(Principal office address)

**Same as above**

(Current mailing address)

**8. OUTDOOR BILLBOARDS - MAINTENANCE**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: **Corporation Service Company**

Office Address: **1201 Hays Street**

**Tallahassee**

(City)

**32301**

(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

**Corporation Service Company**

By: **Sue G. Knight**

(Registered agent's signature)

**Sue G. Knight  
as its agent**

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

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TALLAHASSEE, FLORIDA

## 12. Names and business addresses of officers and/or directors:

## A. DIRECTORS

Chairman: Michael Ziomek  
Address: 435 Clem's Run  
Mullica Hill, NJ. 08062

Vice Chairman: Diane Ziomek  
Address: 435 Clem's Run  
Mullica Hill, NJ. 08062

Director: Michael Ziomek  
Address: SAME AS ABOVE

Director: Diane Ziomek  
Address: SAME AS ABOVE

## B. OFFICERS

President: Michael Ziomek  
Address: 435 Clem's Run  
Mullica Hill, NJ. 08062

Vice President: Diane Ziomek  
Address: 435 Clem's Run  
Mullica Hill, NJ. 08062

Secretary: Diane Ziomek  
Address: \_\_\_\_\_

Treasurer: Diane Ziomek  
Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature] Diane Ziomek  
(Signature of Director or Officer listed in number 12 of the application)

14. Michael Ziomek Diane Ziomek  
(Typed or printed name and capacity of person signing application)

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**STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ULTRA LUM ENTERPRISES, INC.**

0100781929

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on May 13, 1999.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and registered office are:*

*E J Clark  
Po Box 341 526 Sicklervillerd  
Sicklerville, NJ 08081 0000*



Certification# 111259564

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my  
Official Seal at Trenton, this  
9th day of October, 2007*

A handwritten signature in cursive script, appearing to read "Michellene Davis".

*Michellene Davis  
Acting State Treasurer*

Verify this certificate at  
[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)