

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002619

1. Entity Name

ULTRAFLOTE CORPORATION

Principal Place of Business

8558 KATY FREEWAY
SUITE 100
HOUSTON TX 77024

Mailing Address

8558 KATY FREEWAY
SUITE 100
HOUSTON TX 77024-1809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WARGETZ, N S	
STREET ADDRESS	8558 KATY FREEWAY	
CITY-ST-ZIP	HOUSTON TX 77024	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALL, S M	
STREET ADDRESS	8558 KATY FREEWAY	
CITY-ST-ZIP	HOUSTON TX 77024	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	KAUFMAN, G L	
STREET ADDRESS	8558 KATY FREEWAY	
CITY-ST-ZIP	HOUSTON TX 77024	
TITLE	V	<input type="checkbox"/> Delete
NAME	KERN, R C	
STREET ADDRESS	8558 KATY FREEWAY	
CITY-ST-ZIP	HOUSTON TX 77024	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARES, N I	
STREET ADDRESS	1415 LOUISIANA STE 3040	
CITY-ST-ZIP	HOUSTON TX 77-0023	
TITLE	C	<input type="checkbox"/> Delete
NAME	KALLMEYER, M E	
STREET ADDRESS	8558 KATY FREEWAY, SUITE 100	
CITY-ST-ZIP	HOUSTON TX 77024	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
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:

Michael Kallmeyer
Michael Kallmeyer
Controller

1/20/2000

713-461-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90205 041 ***150.00

907460



DO NOT WRITE IN THIS SPACE