

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003202

1. Entity Name

ULTRAPRISE CORPORATION

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90115 024 ***550.00

Principal Place of Business

Mailing Address

PO BOX 3613
SHEPHERDSTOWN WV 25443

PO BOX 3613
SHEPHERDSTOWN WV 25443-3613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-1863526**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	P	<input checked="" type="checkbox"/> Delete
NAME	MATTHEWS, DAVID	
STREET ADDRESS	2 BROOKSIDE DRIVE	
CITY-ST-ZIP	RUMSON NJ 07760	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LEVINE, MONICA L	
STREET ADDRESS	RR 1, BOX 123	
CITY-ST-ZIP	SHEPHERDSTOWN WV 25443	
TITLE	CFOC	<input type="checkbox"/> Delete
NAME	LEVINE, ERIC J	
STREET ADDRESS	RT 3, BOX 305A	
CITY-ST-ZIP	SHEPHERDSTOWN WV 25443	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAY, STEVE	
STREET ADDRESS	25 GATEWATER ROAD	
CITY-ST-ZIP	CROSS LANES WV 25313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Bourne	
STREET ADDRESS	405 Lippershey Ct	
CITY-ST-ZIP	Cary, NC 27513	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis, Eric J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric J Lewis

5/3/00

Date

304 876 6873

Daytime Phone #

CR2E034 (9/99)