


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **515998**

1. Entity Name  
**E.J. Ulrich Industries Inc**



FILED  
03 MAY -8 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**108 Royal Park Dr # 1-G**  
Suite, Apt. #, etc.  
**Oakland Park, FL**  
City & State  
**33309**  
Country Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Country Zip

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-2788506**

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 **Ulrich, E.J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**108 Royal Park Dr. 1-G**  
City **Oakland Park** **FL** **33309**

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 **EJ ULRICH OWNER** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>PRESIDENT</b> <b>EVERETT J. ULRICH</b> <b>108 ROYAL PARK DR -1G</b> <b>OAKLAND PARK FL 33309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>No EMPLOYEES</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900021770139</b> <b>07/24/03--01064--023 **150.00</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: **EJ Ulrich** **5-7-03-954-485-9775**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)