

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K02935 (0)

1. Corporation Name

ULTIMATE PRODUCTS, INC.



Principal Place of Business

4893 W. WATERS AVE
SUITE D
TAMPA FL 33634
US

Mailing Address

4893 W. WATERS AVE
SUITE D
TAMPA FL 33634
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified
11/18/1987

3a. Date of Last Report
04/27/1995

4. FEI Number
59-2856695

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HARTLEY, MARY REGINA
4893 D W. WATERS AVE.
SUITE D
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

M. Regina Hartley

M. Regina Hartley, president

5/21/96

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PST
HARTLEY, MARY REGINA
802 EVENINGSIDE COURT
TAMPA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
HARTLEY, MARY REGINA
802 EVENINGSIDE COURT
TAMPA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

M. Regina Hartley

Date

5/21/96

Daytime Phone #

881-1575

CR2E034 (12/95)