

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016051

1. Entity Name

ULTIMATE HORIZONS, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

11244 3rd Ave, Gulf

3. Mailing Address

11244 3rd Ave Gulf

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Marathon, FL

City & State

Marathon, FL

Zip

33050

Country

USA

Zip

33050

Country

USA

4. FEI Number

65-1064614

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Mary E. Vincent

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

11244 3rd Ave Gulf

City

Marathon

FL

Zip Code

33050

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

Mary E. Vincent

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating

DATE

4/27/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Mary E. Vincent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4-27-01

Daytime Phone #

305-743-6915

CR2E083 (11/00)