

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90004 009 ****55.00

DOCUMENT # L01000009609

1. Entity Name
ULTRACLENZ, LLC



Principal Place of Business
**7380 BYRON DRIVE SUITE 10
RIVIERA BEACH FL 33404**

Mailing Address
**7380 BYRON DRIVE SUITE 10
RIVIERA BEACH FL 33404**

2. Principal Place of Business
7830 BYRON DRIVE
Suite, Apt. #, etc.
SUITE 10

3. Mailing Address
7830 BYRON DRIVE
Suite, Apt. #, etc.
SUITE 10

City & State
RIVIERA BEACH, FL

City & State
RIVIERA BEACH, FL

Zip
33404

Country
US

Zip
33404

Country
US

4. FEI Number **65-1129884**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

FILINGS INC.
3732 NORTHWEST 16TH STREET
FT. LAUDERDALE FL 33311

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JOHNSTON, CHARLES
7380 BYRON DRIVE SUITE 10
RIVIERA BEACH FL 33404

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RICHARD OGDEN
7830 BYRON DRIVE, SUITE 10
RIVIERA BEACH, FL 33404

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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:

SIGNATURE REQUIRED
Johnston, Manager

2/26/03

781-331-7877

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

Date

Daytime Phone #

CR2E083 (10/02)