

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90219 040 ****50.00

DOCUMENT # L01000019150

1. Entity Name

ULTRACORP INTERNATIONAL, L.L.C.

Principal Place of Business

295 GOOLSBY BOULEVARD
 DEERFIELD BEACH FL 33442

Mailing Address

295 GOOLSBY BOULEVARD
 DEERFIELD BEACH FL 33442

2. Principal Place of Business

295 GOOLSBY Blvd

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

295 GOOLSBY Blvd

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

05-1157823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, WILLIAM
 295 GOOLSBY BOULEVARD
 DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE C.E.O. ☐ Delete
 NAME William G. Robinson
 STREET ADDRESS 295 Goolsby Blvd
 CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE President ☐ Delete
 NAME Ave Keller
 STREET ADDRESS 295 Goolsby Blvd
 CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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

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

Date

Daytime Phone #

4-29-02 (954) 596-2701

CR2E083 (9/01)