
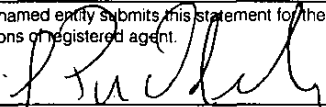
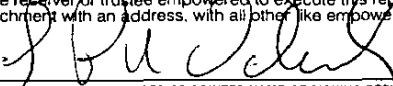


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2007 8:00 am**  
**Secretary of State**

08-29-2007 90001 026 \*\*\*\*61.25

<b>DOCUMENT # N06000004022</b> 1. Entity Name <b>ULMERTON BUSINESS CENTER OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>1414 SWANN AVE - STE 201</b> <b>TAMPA, FL 33606</b>			Mailing Address <b>1414 SWANN AVE - STE 201</b> <b>TAMPA, FL 33606</b>		
<b>13555 Automobile Blvd</b> <b>Clearwater, FL 33762</b>			<b>13555 Automobile Blvd</b> <b>Clearwater, FL 33762</b>		
2. Principal Place of Business - No P.O. Box # <b>13555 Automobile Blvd</b>			3. Mailing Address <b>13555 Automobile Blvd</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Clearwater FL</b>			City & State <b>Clearwater FL</b>		
Zip <b>33762</b>			Zip <b>33762</b>		
Country <b>USA</b>			Country <b>USA</b>		
6. Name and Address of Current Registered Agent  <b>ZSCHAU, JULOUS J</b> <b>2701 N ROCKY POINT DR</b> <b>STE 900</b> <b>TAMPA, FL 33607</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>8/27/07</b>  <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<div style="display: flex;"> <div style="width: 50%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 50%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>MALONE, CHARLES</b> <b>1414 SWANN AVE - STE 201</b> <b>TAMPA, FL 33606</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>13555 Automobile Blvd</b> <b>Clearwater, FL 33762</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <b>PUDDICOMBE, JAMES H</b> <b>1414 SWANN AVE - STE 201</b> <b>TAMPA, FL 33606</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>13555 Automobile Blvd</b> <b>Clearwater, FL 33762</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <b>HARRIS, MALCOLM</b> <b>1414 SWANN AVE - STE 201</b> <b>TAMPA, FL 33606</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 					
<div style="display: flex; justify-content: space-between;"> <div> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <small>Date</small> <b>8/27/07</b> </div> <div> <small>Daytime Phone #</small> </div> </div>					