

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000017402**1. Entity Name
ULTIMATE MARKETING, INC.

Principal Place of Business

6306 SOUTH MACDILL AVE., STE. 1723

TAMPA
33611

FL

Mailing Address

6306 SOUTH MACDILL AVE., STE. 1723

TAMPA
33611

FL

2. Principal Place of Business

3009 W. SITIOS ST.

3. Mailing Address

3009 W. SITIOS ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA

FL

City & State

TAMPA

FL

4. FEI Number

59-3631909

Applied For

Not Applicable

Zip
33629

Country

Zip
33629

Country

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

KOGELMAN WESLEY I
6306 SOUTH MACDILL AVE., STE. 1723TAMPA
33611

FL

7. Name and Address of New Registered Agent

Name

KOGELMAN WESLEY I

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

3009 W.SITIOS ST

City
TAMPA

FL

Zip Code
33629

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 **WESLEY I KOGELMAN**

02/09/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME KOGELMAN WESLEY I
STREET ADDRESS 6306 SOUTH MACDILL AVE., STE. 1723
CITY-ST-ZIP TAMPA FL 33611TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Wesley I Kogelman**

P

02/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)