

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000024476**1. Entity Name
ULTIMA CONSULTANTS, INC.**Principal Place of Business**GLADES BLUDG., STE. 303
877 EXECUTIVE CENTER DR. W.
ST. PETERSBURG
33702

FL

Mailing AddressGLADES BLUDG., STE. 303
877 EXECUTIVE CENTER DR. W.
ST. PETERSBURG
33702

FL

2. Principal Place of Business

KRESS BUILDING, SUITE M-8

3. Mailing Address

KRESS BUILDING, SUITE M-8

Suite, Apt. #, etc.

475 CENTRAL AVENUE

Suite, Apt. #, etc.

475 CENTRAL AVENUE

City & State

ST. PETERSBURG

FL

City & State

ST. PETERSBURG

FL

Zip

33701

Country

US

Zip

33701

Country

US

4. FEI Number

59-3634313

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMASCARA ERNEST L
GLADES BLUDG., STE. 303
877 EXECUTIVE CENTER DR. W.
ST. PETERSBURG
33702

FL

7. Name and Address of New Registered Agent**Name**

MASCARA ERNEST L

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

KRESS BUILDING, SUITE M-8

475 CENTRAL AVENUE

City

ST. PETERSBURG

FL

Zip Code

33701

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 **ERNEST L. MASCARA****04/24/2001**

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	PST	<input type="checkbox"/> Delete
NAME	MASCARA THOMAS V	
STREET ADDRESS	GLADES BLUDG., STE. 303	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MASCARA ERNEST L	
STREET ADDRESS	432 MONTE CRISTO BLVD.	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASCARA THOMAS V	
STREET ADDRESS	432 MONTE CRISTO BOULEVARD	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASCARA ERNEST L	
STREET ADDRESS	475 CENTRAL AVENUE, SUITE M-8	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: THOMAS V. MASCARA

P

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)