

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000084145**

1. Entity Name

ULTIMATE FINANCIAL SERVICES INC.**FILED**
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90278 036 ***150.00

0290592

Principal Place of Business

11390 PROSPERITY FARMS ROAD, SUITE 102
PALM BEACH GARDENS FL 33410

Mailing Address

11390 PROSPERITY FARMS ROAD, SUITE 102
PALM BEACH GARDENS FL 33410**736004**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

824 US HIGHWAY ONE #270

824 US HIGHWAY ONE #270

City & State

City & State

NORTH PALM BEACH, FL

NORTH PALM BEACH, FL

Zip

Country

Zip

Country

33408

USA

33408

USA

4. FEI Number

65-1034901

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 Agent

SEPULVEDA, ADRIAN
901 SANCTUARY COVE DRIVE
PALM BEACH GARDENS FL 33410

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **DECKER, JULIE**
STREET ADDRESS **12600 77TH STREET**
CITY-ST-ZIP **FELLSMORE FL 32948**TITLE **PD** ☐ Delete
NAME **SEPULVEDA, ADRIAN N**
STREET ADDRESS **1901 SANCTUARY COVE DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**TITLE **STD** ☐ Delete
NAME **WIESENECK, ROBERT**
STREET ADDRESS **18077 SE SUGAR PINES WAY**
CITY-ST-ZIP **HOBE SOUND FL 33455**TITLE ☐ 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 **STD WIESENECK, ROBERT**
STREET ADDRESS **8077 SE SUGAR PINES WAY**
CITY-ST-ZIP **HOBE SOUND, FL 33455**TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT WIESENECK

Date

3/29/01

Daytime Phone #

561-799-2323

CR2E034 (10/00)