

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90178 044 ***150.00

DOCUMENT # **P00000084145** ✓

1. Entity Name
ULTIMATE FINANCIAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
824 US HIGHWAY ONE

Suite, Apt. #, etc.
SUITE 270

City & State
NORTH PALM BEACH, FL

Zip
33408

Country
USA

3. Mailing Address
824 US HIGHWAY ONE

Suite, Apt. #, etc.
SUITE 270

City & State
NORTH PALM BEACH, FL

Zip
33408

Country
USA

DO NOT WRITE IN THIS SPACE

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**

7. Name and Address of Current Registered Agent

Name
ADRIAN SEPULVEDA

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

901 SANCTUARY COVE RD

City
NORTH PALM BEACH

FL

Zip Code
33410

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PD ADRIAN SEPULVEDA 901 SANCTUARY COVE DR. NO. PALM BEACH, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ROBERT WIESENECK 80177 SE SUGAR PINES WAY HOBE SOUND, FL 33455
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**DO NOT WRITE
IN THIS SPACE**

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 of 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

Daytime Phone #

561-799-2323

CR2E034B (12/01)