

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

0475608

DOCUMENT # P00000103075

1. Entity Name

ULTRA TRUCK & TRAILER REPAIR, INC.

(LP)

07-24-2001 90009 030 ***150.00

Principal Place of Business

Mailing Address

2635 CAPTAIN DR.
 DELTONA FL 32738

2635 CAPTAIN DR.
 DELTONA FL 32738

FOR IT



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1673 N Spring
 Suite, Apt. #, etc. Garden Ave

Suite, Apt. #, etc.

City & State
 Deltona FL

City & State

4. FEI Number

543680068

Applied For

Not Applicable

5. Certificate of Status Desired

32720

Country

USA

Zip

Country

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORPI, CHRISTINE
 2635 CAPTAIN DR.
 DELTONA FL 32738

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 State

10. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME KORPI, THEODORE
 STREET ADDRESS 2635 CAPTAIN DR.
 CITY-ST-ZIP DELTONA FL 32738

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change

Addition

TITLE SVTD
 NAME KORPI, CHRISTINE
 STREET ADDRESS 2635 CAPTAIN DR.
 CITY-ST-ZIP DELTONA FL 32738

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change

Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

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 STREET ADDRESS
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Change

Addition

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 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change

Addition

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:

Christine Korpi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/01

Date

Daytime Phone #

CR2E034 (10/00)